



Rep. Robyn Gabel

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1 AMENDMENT TO HOUSE BILL 4364

2 AMENDMENT NO. _____. Amend House Bill 4364 by replacing
3 everything after the enacting clause with the following:

4 "Section 1. Short title. This Act may be cited as the Home
5 Birth Safety Act.

6 Section 5. Purpose. The practice of midwifery in
7 out-of-hospital settings is hereby declared to affect the
8 public health, safety, and welfare and to be subject to
9 regulation in the public interest. The purpose of this Act is
10 to protect and benefit the public by setting standards for the
11 qualifications, education, training, and experience of those
12 who seek to obtain licensure as a licensed certified
13 professional midwife, including a requirement to work
14 collaboratively with hospital-based and privileged health care
15 professionals to promote high standards of professional
16 performance for those licensed to practice midwifery in

1 out-of-hospital settings in this State, to promote a
2 collaborative and integrated maternity care delivery system in
3 Illinois with agreed-upon consulting, transfer and transport
4 protocols in use by all health care professionals and licensed
5 midwives across all health care settings to maximize patient
6 safety and positive outcomes, to support accredited education
7 and training as a prerequisite to licensure and to protect the
8 public from unprofessional conduct by persons licensed to
9 practice midwifery, as defined in this Act. This Act shall be
10 liberally construed to best carry out these purposes.

11 Section 10. Exemptions.

12 (a) This Act does not prohibit a person licensed under any
13 other Act in this State from engaging in the practice for which
14 he or she is licensed or from delegating services as provided
15 for under that other Act.

16 (b) Nothing in this Act shall be construed to prohibit or
17 require licensing under this Act with regard to:

18 (1) the rendering of services by a birth attendant, if
19 such attendance is in accordance with the birth attendant's
20 cultural traditions or religious faith and is rendered only
21 to women and families in that distinct cultural or
22 religious group as an exercise and enjoyment of their
23 religious freedom; and

24 (2) a student midwife working under the direction of a
25 licensed certified professional midwife.

1 Section 15. Definitions. In this Act:

2 "Board" means the Illinois Midwifery Board, as specified in
3 this Act.

4 "Certified Professional Midwife" or "CPM" means a person
5 who has met the standards for certification as a Certified
6 Professional Midwife set by the North American Registry of
7 Midwives or its successor, including successful completion of a
8 comprehensive written examination administered in a university
9 testing center contracted by the North American Registry of
10 Midwives.

11 "Department" means the Department of Financial and
12 Professional Regulation.

13 "Health care practitioner" means physician licensed to
14 practice medicine in all its branches or an advanced practice
15 nurse who is a certified nurse midwife.

16 "Licensed certified professional midwife" or "LCPM" means
17 a person who has successfully met the requirements under
18 Section 30 of this Act.

19 "Midwifery Bridge Certificate" means the certificate
20 issued by the North American Registry of Midwives that
21 documents completion of 50 hours of accredited continuing
22 education specific to content in emergency skills for
23 pregnancy, birth, and newborn care, along with other midwifery
24 topics addressing the core competencies established by the
25 International Confederation of Midwives or its successor.

1 Bridge topics shall include 14 hours of obstetric emergency
2 skills training, such as birth emergency skills training (BEST)
3 or an advanced life-saving in obstetrics (ALSO) course. The
4 remaining 36 hours shall be divided among and include hours in
5 the areas of pharmacology, lab interpretations of pregnancy,
6 antepartum complications, intra-partum complications,
7 postpartum complications, and neonatal care or any additional
8 requirements subsequently required by the North American
9 Registry of Midwives or its successor.

10 "MEAC" means the Midwifery Education and Accreditation
11 Council, or its successor.

12 "NARM" means the North American Registry of Midwives, or
13 any successor organization, that has established and has
14 continued to administer certification for the credentialing of
15 Certified Professional Midwives.

16 "Patient" means a woman or newborn for whom a licensed
17 certified professional midwife provides services.

18 "Postpartum period" means the first 6 weeks after delivery.

19 "Practice of midwifery" means, consistent with current
20 national standards, this Act, and rules adopted by the
21 Department, providing the necessary supervision, care,
22 education, and advice to people with low-risk pregnancies
23 during the antepartum, intra-partum, and postpartum period,
24 conducting deliveries, and caring for the newborn, with such
25 care including preventative measures, the detection of
26 abnormal conditions in the mother and the child, the

1 identification, referral and procurement of medical assistance
2 when necessary care is beyond the scope of certified
3 professional midwifery practice, and the execution of
4 emergency measures in the absence of medical help. "Practice of
5 midwifery" includes breastfeeding education, non-prescriptive
6 family planning, and basic well-woman care limited to sexually
7 transmitted infection screenings.

8 "Secretary" means the Secretary of Financial and
9 Professional Regulation.

10 Section 20. Unlicensed practice. Beginning on January 1,
11 2017, no person may practice, attempt to practice, or hold
12 himself or herself out to practice as a licensed certified
13 professional midwife unless he or she is licensed under this
14 Act.

15 Section 25. Powers and duties of the Department; rules.

16 (a) The Department shall exercise the powers and duties
17 prescribed by the Civil Administrative Code of Illinois for the
18 administration of licensing Acts and shall exercise such other
19 powers and duties necessary for effectuating the purposes of
20 this Act.

21 (b) The Department shall adopt rules under the Illinois
22 Administrative Procedure Act for the administration and
23 enforcement of the Act and for the payment of fees connected to
24 the Act and may prescribe forms that shall be issued in

1 connection with the Act. In addition, the Department shall
2 adopt rules establishing uniform State forms that licensed
3 certified professional midwives must (1) provide to clients
4 consistent with the Act, including informed consent forms, (2)
5 complete and submit to the Board in each case in which the
6 transport of a patient occurs in accordance with transport
7 protocols recommended by the Board and adopted by the
8 Department by rule, and (3) complete to report patient outcomes
9 to the Board.

10 (c) The rules adopted by the Department under this Section
11 may not authorize a licensed certified professional midwife to
12 practice beyond the scope of practice set forth in Section 45.

13 (d) The Department shall consult with the Board in adopting
14 rules. Notice of proposed rulemaking shall be transmitted to
15 the Board and the Department shall review the Board's response
16 and any recommendations made. The Department shall notify the
17 Board in writing of deviations from the Board's recommendations
18 and responses.

19 (e) The Department may at any time seek the advice and the
20 expert knowledge of the Board on any matter relating to the
21 administration of this Act.

22 (f) The Department shall issue quarterly a report to the
23 Board of the status of all complaints related to the profession
24 filed with the Department.

25 (g) Administration by the Department of this Act must be
26 consistent with standards regarding the practice of midwifery

1 established by the National Association of Certified
2 Professional Midwives or a successor organization, this Act and
3 rules adopted pursuant to this Act.

4 Section 27. Requirements for schools. Schools providing
5 education for licensed certified professional midwives shall
6 provide a program of education that is accredited by the
7 Midwifery Education and Accreditation Council and that
8 includes, but is not limited to, classes on the following
9 topics:

10 (1) the community and social determinants of health,
11 including income, literacy, education, water supply and
12 sanitation, housing, environmental hazards, food security,
13 disease patterns, and common threats to health;

14 (2) principles of community-based primary care using
15 health promotion and disease prevention and control
16 strategies;

17 (3) direct and indirect causes of maternal and neonatal
18 mortality and morbidity and strategies for reducing them;

19 (4) methodology for conducting maternal death review
20 and near-miss audits;

21 (5) principles of epidemiology and community
22 diagnosis, including water and sanitation, and how to use
23 these in care provision;

24 (6) methods of infection prevention and control
25 appropriate to the service being provided;

1 (7) principles of research, evidenced-based practice,
2 critical interpretation of professional literature, and
3 the interpretation of vital statistics and research
4 findings;

5 (8) indicators of quality health care services;

6 (9) principles of health education;

7 (10) national and local health services and
8 infrastructures supporting the continuum of care through
9 organizations and referral systems, and how to access
10 needed resources for midwifery care;

11 (11) relevant national or local programs or
12 initiatives that provide services or knowledge of how to
13 assist community members to access services, such as
14 immunization and prevention or treatment of health
15 conditions prevalent in the country or locality;

16 (12) the concept of alarm or preparedness, the protocol
17 for referral to higher health facility levels, and
18 appropriate communication during transport and emergency
19 care;

20 (13) the legal and regulatory framework governing
21 reproductive health for women of all ages, including laws,
22 policies, protocols, and professional guidelines;

23 (14) human rights and their effects on the health of
24 individuals, including, but not limited to, health
25 disparities, domestic partner violence, and female genital
26 mutilation or cutting;

1 (15) advocacy and empowerment strategies for women;

2 (16) the history of childbirth practices and the
3 midwifery profession;

4 (17) unique healthcare needs of women from distinct
5 ethnic or cultural backgrounds or a variety of family
6 structures and sexual orientations;

7 (18) culturally sensitive care;

8 (19) traditional and modern health practices that are
9 beneficial, neutral, or harmful;

10 (20) benefits and risks of available birth settings;

11 (21) strategies for advocating with women for a variety
12 of safe birth settings;

13 (22) the purpose and role of national and local
14 midwifery organizations that provide guidelines for
15 professional behaviors, which include that the midwife:

16 (A) is responsible and accountable for clinical
17 decisions and actions;

18 (B) acts consistently in accordance with
19 professional ethics, values, and human rights as
20 defined by national and local professional midwifery
21 organizations;

22 (C) acts consistently in accordance with standards
23 of practice as defined by national and local
24 professional midwifery organizations;

25 (D) maintains and updates knowledge and skills in
26 order to remain current in practice;

1 (E) uses standard or universal precautions,
2 infection prevention and control strategies, and clean
3 technique;

4 (F) behaves in a courteous, non-judgmental,
5 non-discriminatory, and culturally appropriate manner
6 with all clients;

7 (G) is respectful of individuals and their culture
8 and customs, regardless of socioeconomic status, race,
9 ethnic origin, sexual orientation, gender, physical
10 ability, cognitive ability, or religious belief;

11 (H) maintains the confidentiality of all
12 information shared by the woman and communicates
13 essential information among other health care
14 providers or family members only with explicit
15 permission from the woman and in situations of
16 compelling need;

17 (I) uses shared decision-making in partnership
18 with women and their families to enable and support
19 them in making informed choices about their health,
20 including the need or desire for referral or transfer
21 to other health care providers or facilities for
22 continued care when health care needs exceed the
23 abilities of the licensed certified professional
24 midwife, and their right to refuse testing or
25 intervention;

26 (J) works collaboratively with other health care

1 workers to improve the delivery of services to women
2 and families;

3 (K) follows appropriate protocol and etiquette for
4 transport or transfer of care of the mother or newborn
5 from home or birth center to the hospital during
6 pregnancy, in labor, or postpartum; and

7 (L) provides opportunity for client feedback;

8 (23) classes ensuring that the midwife has the skill or
9 ability to:

10 (A) engage in health education discussions with
11 and for women and their families;

12 (B) use appropriate communication and listening
13 skills across all domains of competency;

14 (C) assemble, use, and maintain equipment and
15 supplies appropriate to setting of practice;

16 (D) document and interpret relevant findings for
17 services provided across all domains of competency,
18 including what was done and what needs follow-up
19 according to current best practices;

20 (E) comply with all local regulations for birth and
21 death registration, mandatory reporting for physical
22 abuse, and infectious disease reporting;

23 (F) take a leadership role in the practice arena
24 based on professional beliefs and values; and

25 (G) assume administration and management tasks and
26 activities, including, but not limited to, compliance

1 with privacy and protected health information
2 regulations, such as compliance with the requirements
3 of the Health Insurance Portability and Accountability
4 Act, and compliance with workplace safety regulations,
5 including compliance with regulations of the
6 Occupational Safety and Health Administration;

7 (24) anatomy and physiology of the human body;

8 (25) the biology of human reproduction, the menstrual
9 cycle, and the process of conception;

10 (26) the growth and development of the unborn baby;

11 (27) signs and symptoms of pregnancy;

12 (28) examinations and tests for confirmation of
13 pregnancy;

14 (29) signs and symptoms and methods for diagnosis of an
15 ectopic pregnancy;

16 (30) principles of dating pregnancy by menstrual
17 history, size of uterus, fundal growth patterns, and use of
18 ultrasound;

19 (31) components of a health history and focused
20 physical examination for antenatal visits;

21 (32) manifestations of various degrees of female
22 genital mutilation or cutting and their potential;

23 (33) factors involved in decisions relating to
24 unintended or mistimed pregnancies;

25 (34) normal findings or results of basic screening
26 laboratory tests, including, but not limited to, (i)

1 routine pregnancy blood work, (ii) urine dipstick, (iii)
2 fetal screening, such as genetic testing, biophysical
3 profiles, first and second trimester screen, non-stress
4 test, and ultrasound, (iv) glucose tolerance screen, (v)
5 pre-eclampsia screening tests, and (vi) Group B
6 streptococcus vaginal or rectal culture;

7 (35) normal progression of pregnancy, such as body
8 changes, common discomforts, expected fundal growth
9 patterns, and weight gain;

10 (36) implications of deviation from expected fundal
11 growth patterns, including intrauterine growth retardation
12 or restriction, oligohydramnios and polyhydramnios, and
13 multiple fetuses;

14 (37) fetal risk factors requiring transfer of women to
15 higher levels of care prior to labor and birth;

16 (38) normal psychological changes in pregnancy,
17 indicators of psychosocial stress, and impact of pregnancy
18 on the woman and the family;

19 (39) safe locally available non-pharmacological
20 methods for the relief of common discomforts of pregnancy;

21 (40) how to determine fetal well-being during
22 pregnancy, including fetal heart rate and activity
23 patterns, amniocentesis, and ultrasound technology;

24 (41) components of a healthy diet and the nutritional
25 requirements of the pregnant woman and fetus, including the
26 appropriate use of vitamin and mineral supplements;

1 (42) health education needs in pregnancy, such as
2 information about relief of common discomforts, hygiene,
3 sexuality, and work inside and outside the home;

4 (43) basic principles of pharmacokinetics of drugs
5 prescribed, dispensed, or furnished to women during
6 pregnancy;

7 (44) effects of prescribed medications, ultrasound,
8 street drugs, traditional medicines, and over-the-counter
9 drugs on pregnancy and the fetus;

10 (45) effects of smoking, alcohol abuse, and illicit
11 drug use on the pregnant woman and fetus;

12 (46) effects of environmental exposures, food-borne
13 illnesses, or certain activities on the pregnant woman and
14 fetus, such as heavy metals, listeriosis, pesticides, food
15 additives, saunas, and toxoplasmosis;

16 (47) the essential elements of birth planning,
17 including, but not limited to, preparation for labor and
18 birth and emergency preparedness;

19 (48) the physical preparation for labor;

20 (49) the components of preparation of the home and
21 family for the newborn;

22 (50) techniques for increasing relaxation and pain
23 relief measures available for labor;

24 (51) signs, symptoms, and potential effects of
25 conditions that are life-threatening to the pregnant woman
26 or her fetus, including, but not limited to, (i)

1 pre-eclampsia or eclampsia, (ii) vaginal bleeding, (iii)
2 premature labor, (iv) Rh isoimmunization, and (v)
3 syphilis;

4 (52) means and methods of advising about care,
5 treatment, and support for the HIV-positive pregnant
6 woman, including measures to prevent maternal-to-child
7 transmission (PMTCT) and feeding options;

8 (53) signs, symptoms, and indications for referral of
9 selected complications and conditions of pregnancy that
10 affect either the mother or the fetus, including, but not
11 limited to, (i) anemia, (ii) asthma, (iii) HIV infection,
12 (iv) thyroid disorders, (v) diabetes, (vi) cardiac
13 conditions, (vii) malpresentations and abnormal lie,
14 (viii) placental disorders, (ix) pre-term labor, (x)
15 post-dates pregnancy, and (xi) hydatidiform mole;

16 (54) the prenatal methods for encouraging optimal
17 positioning at term, including external manual version;

18 (55) the physiology of lactation and methods to prepare
19 women for breastfeeding;

20 (56) classes ensuring that the midwife has the skill or
21 ability to:

22 (A) take an initial history and perform an ongoing
23 history for each antenatal visit;

24 (B) perform a complete physical examination and
25 explain the findings to the woman;

26 (C) take and assess maternal vital signs,

1 including temperature, blood pressure, and pulse;

2 (D) draw blood and collect urine and vaginal
3 culture specimens for laboratory testing;

4 (E) assess maternal nutrition and its relationship
5 to fetal growth and give appropriate advice on the
6 nutritional requirements of pregnancy and how to
7 achieve them;

8 (F) perform a complete abdominal assessment
9 including measuring fundal height, lie, position, and
10 presentation;

11 (G) assess fetal growth using manual measurements;

12 (H) evaluate fetal growth, placental location, and
13 amniotic fluid volume by using manual measurements or
14 techniques and by referring for ultrasound
15 visualization and measurement;

16 (I) listen to the fetal heart rate, palpate the
17 uterus for fetal activity, and interpret findings;

18 (J) monitor fetal heart rate with Doppler;

19 (K) perform a pelvic examination, including sizing
20 the uterus, if indicated and when appropriate during
21 the course of pregnancy;

22 (L) perform clinical pelvimetry (evaluation of
23 bony pelvis) to determine the adequacy of the bony
24 structures;

25 (M) calculate the estimated date of birth and
26 assess gestational period through query about the last

1 menstrual period, bimanual examination, urine
2 pregnancy testing, or any combination thereof;

3 (N) provide health education to adolescents,
4 women, and families about normal pregnancy
5 progression, danger signs and symptoms, and when and
6 how to contact the midwife;

7 (O) teach or demonstrate measures to decrease
8 common discomforts of pregnancy;

9 (P) provide guidance and basic preparation for
10 labor, birth, and parenting;

11 (Q) provide education regarding avoidance of
12 potentially harmful environmental exposures,
13 food-borne illnesses, or activities;

14 (R) identify variations during the course of the
15 pregnancy and institute appropriate first-line
16 independent or collaborative management based upon
17 evidence-based guidelines, local standards, and
18 available resources for (i) low or inadequate maternal
19 nutrition, including eating disorders and pica; (ii)
20 anemia; (iii) ectopic pregnancy; (iv) hyperemesis
21 gravidarum; (v) genital herpes; (vi) inadequate or
22 excessive uterine growth, including suspected
23 oligohydramnios or polyhydramnios, and molar
24 pregnancy; (vii) gestational diabetes; (viii)
25 insufficient cervix; (ix) elevated blood pressure,
26 proteinuria, presence of significant edema, severe

1 frontal headaches, visual changes, and epigastric pain
2 associated with elevated blood pressure; (x) vaginal
3 bleeding with or without cramping; (xi) multiple
4 gestation and abnormal lie or malpresentation at term;
5 (xii) intrauterine fetal death; (xiii) rupture of
6 membranes prior to term; (xiv) post term pregnancy;
7 (xv) exposure to or contraction of infectious disease,
8 such as HIV, Hepatitis B and Hepatitis C, Varicella,
9 Rubella, and cytomegalovirus; (xvi) Group B
10 streptococcus positive vaginal or rectal culture;
11 (xvii) Toxoplasmosis; and (xviii) depression;

12 (S) identify deviations from normal during the
13 course of pregnancy and initiate the referral process
14 for conditions that require higher levels of
15 intervention;

16 (T) dispense, furnish, or administer (however
17 authorized to do so in the jurisdiction of practice)
18 selected, life-saving drugs, such as antibiotics,
19 anticonvulsants, antimalarials, antihypertensives, and
20 antiretrovirals, to women in need because of a
21 presenting condition; and

22 (U) provide individualized care according to the
23 needs and desires of each woman;

24 (57) physiology of the first, second, and third stages
25 of labor;

26 (58) anatomy of the fetal skull, critical diameters,

1 and landmarks;

2 (59) psychological and cultural aspects of labor and
3 birth;

4 (60) indicators of the latent phase and the onset of
5 active labor;

6 (61) indications for stimulation of the onset of labor,
7 and augmentation of uterine contractility;

8 (62) normal progression of labor;

9 (63) how to use the partograph, including, but not
10 limited to, completing the record and interpreting
11 information to determine timely and appropriate labor
12 management;

13 (64) measures to assess fetal well-being in labor;

14 (65) measures to assess maternal well-being in labor;

15 (66) process of fetal passage or descent through the
16 pelvis during labor and birth, mechanisms of labor in
17 various fetal presentations, and positions;

18 (67) comfort measures in the first and second stages of
19 labor, such as family presence or assistance, positioning
20 for labor and birth, hydration, emotional support, and
21 non-pharmacological methods of pain relief;

22 (68) pharmacological measures for management and
23 control of labor pain, including the relative risks,
24 disadvantages, and safety of specific methods of pain
25 management and their effect on the normal physiology of
26 labor;

1 (69) signs and symptoms of complications in labor,
2 including, but not limited to, (i) bleeding, (ii) labor
3 arrest or dysfunction, (iii) malpresentation, (iv)
4 eclampsia, (v) maternal distress, (vi) fetal distress,
5 (vii) infection, and (viii) prolapsed cord;

6 (70) the benefits, risks, criteria for risk
7 assessment, and midwifery management of vaginal birth
8 after a cesarean;

9 (71) indicators, risk factors, special needs, and
10 prenatal management of a pregnant woman with a multiple
11 gestation;

12 (72) principles of prevention of pelvic floor damage
13 and perineal tears;

14 (73) indications for performing an episiotomy;

15 (74) principles of expectant (physiologic) management
16 of the third stage of labor;

17 (75) principles of active management of the third stage
18 of labor;

19 (76) principles underpinning the technique for repair
20 of perineal tears and episiotomy;

21 (77) indicators of need for emergency management,
22 referral, or transfer for obstetric emergencies,
23 including, but not limited to, cord prolapse, shoulder
24 dystocia, placental abruption, uterine rupture, uterine
25 bleeding, and retained placenta;

26 (78) indicators of need for operative deliveries,

1 vacuum extraction, and use of forceps, including, but not
2 limited to, fetal distress and cephalopelvic
3 disproportion;

4 (79) indicators of need for and appropriate
5 administration of the following pharmacologic agents:
6 lidocaine/xylocaine for suturing, oxygen, methergine,
7 oxytocin (Pitocin) for postpartum hemorrhage, rhogam,
8 vitamin K, antibiotics for group B strep prophylaxis,
9 intravenous fluids, and newborn eye prophylaxis; and

10 (80) classes to ensure that the midwife has the skill
11 or ability to:

12 (A) take a specific history and maternal vital
13 signs in labor;

14 (B) perform a focused physical examination in
15 labor;

16 (C) perform a complete abdominal assessment for
17 fetal position and descent;

18 (D) time and assess the effectiveness of uterine
19 contractions;

20 (E) perform a complete and accurate pelvic
21 examination for dilatation, effacement, descent,
22 presenting part, position, status of membranes, and
23 adequacy of pelvis for birth of baby vaginally;

24 (F) monitor and chart progress of labor;

25 (G) provide physical and psychological support for
26 woman and family and promote normal birth, including

1 encouragement of adequate rest and sleep;

2 (H) facilitate the presence of a support person
3 during labor and birth;

4 (I) provide adequate hydration, nutrition, and
5 non-pharmacological comfort measures during labor and
6 birth;

7 (J) provide for bladder care, including
8 performance of urinary catheterization when indicated;

9 (K) promptly identify abnormal labor patterns or
10 progress and initiate appropriate and timely
11 intervention or referral, including, but not limited
12 to, occiput posterior position, asynclitism, pendulous
13 abdomen, maternal exhaustion, and maternal
14 dehydration;

15 (L) stimulate or augment uterine contractility
16 using non-pharmacologic agents;

17 (M) administer local anaesthetic to the perineum
18 when episiotomy is anticipated or perineal repair is
19 required;

20 (N) perform an episiotomy if needed;

21 (O) perform appropriate hand maneuvers for a
22 vertex birth;

23 (P) perform appropriate hand maneuvers for face
24 and breech deliveries;

25 (Q) manage the birth of multiples;

26 (R) recognize the various severities of meconium

1 stained amniotic fluid and perform suctioning of the
2 airway, as appropriate;

3 (S) clamp and cut the cord;

4 (T) institute immediate life-saving interventions
5 in obstetrical emergencies to save the life of the
6 fetus while requesting medical attention, awaiting
7 transfer, or both, including, but not limited to, (i)
8 prolapsed cord, (ii) placental abruption, (iii)
9 uterine rupture, (iv) malpresentation, (v) shoulder
10 dystocia, and (vi) fetal distress;

11 (U) manage a nuchal cord or arm at birth;

12 (V) support expectant (physiologic) management of
13 the third stage of labor;

14 (W) assess the need for and conduct active
15 management of the third stage of labor, following the
16 most current evidence-based protocol;

17 (X) inspect the placenta and membranes for
18 completeness;

19 (Y) perform fundal massage to stimulate postpartum
20 uterine contraction and uterine tone;

21 (Z) provide a safe environment for mother and
22 infant to promote attachment or bonding;

23 (AA) estimate and record maternal blood loss;

24 (BB) inspect the vagina and cervix for
25 lacerations;

26 (CC) repair an episiotomy, if needed;

1 (DD) repair first and second degree perineal or
2 vaginal lacerations;

3 (EE) manage postpartum bleeding and hemorrhage
4 using appropriate techniques and uterotonic agents as
5 indicated;

6 (FF) dispense, furnish, or administer (however
7 authorized to do so in the jurisdiction of practice)
8 selected, life-saving drugs, including antibiotics and
9 antihemorrhagics, to women in need because of a
10 presenting condition;

11 (GG) perform manual removal of placenta;

12 (HH) perform internal and external bimanual
13 compression of the uterus to control hemorrhage;

14 (II) perform aortic compression;

15 (JJ) identify and manage shock;

16 (KK) insert an intravenous line, administer
17 fluids, and draw blood for laboratory testing;

18 (LL) arrange for and undertake timely referral and
19 transfer of women with serious complications to a
20 higher level health facility, taking appropriate drugs
21 and equipment and arranging for a companion caregiver
22 on the journey in order to continue giving emergency
23 care as required; and

24 (MM) perform adult cardiopulmonary resuscitation.

25 Section 30. Qualifications for licensed certified

1 professional midwives.

2 (a) Each applicant who successfully meets the requirements
3 of this Section shall be licensed as a licensed certified
4 professional midwife.

5 (b) An applicant for licensure as a licensed certified
6 professional midwife must do each of the following:

7 (1) Submit a completed written application, on forms
8 provided by the Department, and fees, as established by the
9 Department.

10 (2) Be at least 21 years old.

11 (3) Be a high school graduate or have completed
12 equivalent education.

13 (4) Successfully complete one of the following formal
14 midwifery education and training programs:

15 (A) Accredited Educational Pathway:

16 (i) Applicants who are Certified Professional
17 Midwives and who have successfully completed an
18 educational program or pathway accredited by the
19 MEAC are eligible for licensure as a licensed
20 certified professional midwife.

21 (ii) After January 1, 2020, all new applicants
22 for licensure as a licensed certified professional
23 midwife must have graduated from an educational
24 program or pathway accredited by MEAC.

25 (B) Non-accredited Educational Pathway:

26 (i) Applicants who are Certified Professional

1 Midwives before January 1, 2020, and who have
2 completed non-accredited education pathways will
3 be required to obtain the NARM Midwifery Bridge
4 Certificate in order to become licensed as a
5 licensed certified professional midwife.

6 (ii) Applicants who have maintained licensure
7 in a state that does not require accredited
8 education, regardless of the date of their
9 certification, shall obtain the NARM Midwifery
10 Bridge Certificate to be eligible for licensure as
11 a licensed certified professional midwife.

12 (5) Hold a current valid Certified Professional
13 Midwife Credential granted by NARM or its successor
14 organization.

15 (6) Hold current cardiopulmonary resuscitation (CPR)
16 certification for health care professionals or providers
17 issued by the American Red Cross or the American Heart
18 Association.

19 (7) Within the last 2 years have successfully completed
20 the American Academy of Pediatric/American Heart
21 Association neonatal resuscitation program (NRP).

22 (8) Have not violated the provisions of this Act
23 concerning the grounds for disciplinary action. The
24 Department may take into consideration any felony
25 conviction of the applicant, but such a conviction may not
26 operate as an absolute bar to licensure as a licensed

1 certified professional midwife.

2 (9) Submit to the criminal history records check
3 required under Section 35 of this Act.

4 (10) Meet all other requirements established by the
5 Department by rule.

6 Section 35. Criminal history records background check.
7 Each applicant for licensure by examination or restoration
8 shall submit his or her fingerprints to the Department of State
9 Police in an electronic format that complies with the form and
10 manner for requesting and furnishing criminal history record
11 information prescribed by the Department of State Police. These
12 fingerprints shall be checked against the Department of State
13 Police and Federal Bureau of Investigation criminal history
14 record databases now and hereafter filed. The Department of
15 State Police shall charge applicants a fee for conducting the
16 criminal history records check, which shall be deposited into
17 the State Police Services Fund and shall not exceed the actual
18 cost of the records check. The Department of State Police shall
19 furnish, pursuant to positive identification, records of
20 Illinois convictions to the Department and shall forward the
21 national crime history record information to the Department.
22 The Department may require applicants to pay a separate
23 fingerprinting fee, either to the Department or to a vendor.
24 The Department, in its discretion, may allow an applicant who
25 does not have reasonable access to a designated vendor to

1 provide his or her fingerprints in an alternative manner. The
2 Department may adopt any rules necessary to implement this
3 Section.

4 Section 40. Title. Only a licensed certified professional
5 midwife may identify himself or herself as a "licensed
6 certified professional midwife" or use the abbreviation
7 "LCPM".

8 Section 45. Scope of practice of licensed certified
9 professional midwives.

10 (a) "Practice of midwifery" means:

11 (1) providing maternity care that is consistent with a
12 midwife's training, education, and experience; and

13 (2) identifying and referring patients who require
14 medical care to an appropriate health care provider.

15 (b) The practice of midwifery includes:

16 (1) Providing the necessary supervision, care, and
17 advice to a patient during a low-risk pregnancy, labor,
18 delivery, and postpartum period.

19 (2) Newborn care that is provided in a manner that is:

20 (A) consistent with national certified
21 professional midwifery standards; and

22 (B) based on the acquisition of clinical skills
23 necessary for the care of pregnant women and newborns,
24 including antepartum, intra-partum, and postpartum

1 care.

2 (3) Obtaining informed consent to provide services to
3 the patient in accordance with Section 50 of this Act.

4 (4) Discussing:

5 (A) any general risk factors associated with the
6 services to be provided;

7 (B) any specific risk factors pertaining to the
8 health and circumstances of the individual patient;

9 (C) conditions that preclude care by a licensed
10 certified professional midwife; and

11 (D) the conditions under which consultation,
12 transfer of care, or transport of the patient must be
13 implemented.

14 (5) Obtaining a health history of the patient and
15 performing a physical examination.

16 (6) Developing a written plan of care specific to the
17 patient, to ensure continuity of care throughout the
18 antepartum, intra-partum, and postpartum periods, that
19 includes:

20 (A) a plan for the management of any specific risk
21 factors pertaining to the individual health and
22 circumstances of the individual patient; and

23 (B) a plan to be followed in the event of an
24 emergency; including a plan for transportation.

25 (7) Evaluating the results of patient care and
26 reporting patient outcomes to the Department on a uniform

1 State form in accordance with rules.

2 (8) Consulting and collaborating with a health care
3 practitioner regarding the care of a patient, and referring
4 and transferring care to a health care practitioner, as
5 required.

6 (9) Referral of all patients, within 72 hours after
7 delivery, to a pediatric health care practitioner for care
8 of the newborn.

9 (10) Obtaining and administering appropriate
10 medications and using equipment and devices.

11 (11) Obtaining appropriate screening and testing,
12 including laboratory tests, urinalysis, and ultrasound.

13 (12) Providing prenatal care during the antepartum
14 period, with consultation or referral as required.

15 (13) Providing care during the intra-partum period,
16 including:

17 (A) monitoring and evaluating the condition of the
18 patient and fetus;

19 (B) performing emergency procedures, including:

20 (i) administering approved medications;

21 (ii) administering intravenous fluids for
22 stabilization;

23 (iii) performing an emergency episiotomy; and

24 (iv) providing care while on the way to a
25 hospital under circumstances in which emergency
26 medical services have not been activated;

1 (C) activating emergency medical services for an
2 emergency; and

3 (D) delivering in an out-of-hospital setting.

4 (14) Participating in mandatory peer review in cases
5 involving transfers of patients in accordance with rules
6 adopted by the Department, and peer review of any patient's
7 care upon request.

8 (15) Providing care during the postpartum period,
9 including:

10 (A) suturing of first and second degree perineal or
11 labial lacerations, or suturing of an episiotomy with
12 the administration of a local anesthetic; and

13 (B) making further contact with the patient within
14 48 hours, within 2 weeks, and at 6 weeks after the
15 delivery to assess for hemorrhage, preeclampsia,
16 thrombo-embolism, infection, and emotional well-being.

17 (16) Providing routine care for the newborn for up to
18 72 hours after delivery, exclusive of administering
19 immunizations, including:

20 (A) immediate care at birth, including
21 resuscitating as needed, performing a newborn
22 examination, and administering intramuscular vitamin K
23 and eye ointment for prevention of ophthalmia
24 neonatorium;

25 (B) assessing newborn feeding and hydration;

26 (C) performing metabolic screening and reporting

1 on the screening in accordance with the regulations
2 related to newborn screenings that are adopted by the
3 Department;

4 (D) performing critical congenital heart disease
5 screening and reporting on the screening in accordance
6 with the regulations related to newborn screenings
7 that are adopted by the Department; and

8 (E) referring the infant to an audiologist for a
9 hearing screening in accordance with the regulations
10 related to newborn screenings that are adopted by the
11 Department.

12 (17) Within 24 hours after delivery notifying a
13 pediatric health care practitioner of the delivery.

14 (18) Within 72 hours after delivery:

15 (A) transferring health records to the pediatric
16 health care practitioner, including documentation of
17 the performance of the screenings required under
18 subparagraphs (C) and (D) of paragraph (16) of this
19 subsection (b); and

20 (B) referring the newborn to a pediatric health
21 care practitioner.

22 (19) Providing the following care of the newborn beyond
23 the first 72 hours after delivery:

24 (A) weight checks and general observation of the
25 newborn's activity, with abnormal findings
26 communicated to the newborn's pediatric health care

1 practitioner;

2 (B) assessment of newborn feeding and hydration;

3 and

4 (C) breastfeeding support and counseling.

5 (20) Providing limited services to the patient after
6 the postpartum period, including:

7 (A) breastfeeding support and counseling; and

8 (B) counseling and referral for all family
9 planning methods.

10 (21) Providing a copy of all newborn care records to
11 the designated health care provider after the birth of the
12 baby at time of transfer of care. The licensed certified
13 professional midwife shall obtain consent for the transfer
14 of records per the Health Insurance Portability and
15 Accountability Act of 1996.

16 (22) Distributing Illinois Department of Public Health
17 materials about metabolic and hearing screenings for
18 newborns if such materials are available.

19 (c) The practice of midwifery does not include:

20 (1) Out-of-hospital care to a woman who has had a
21 caesarean section.

22 (2) Out-of-hospital care in cases of multifetal
23 gestation.

24 (3) Out-of-hospital care in cases involving breech
25 delivery.

26 (4) Administering prescription pharmacological agents

1 intended to induce or augment labor or artificial rupture
2 of membranes prior to onset of labor.

3 (5) Administering prescription pharmacological agents
4 to provide pain management or anesthetic except for the
5 administration of a local anesthetic.

6 (6) Using vacuum extractors or forceps.

7 (7) Prescribing medications.

8 (8) Performing surgical procedures, including, but not
9 limited to, abortions, cesarean sections and
10 circumcisions, except for an emergency episiotomy.

11 (9) Knowingly accepting responsibility for prenatal or
12 intra-partum care of a patient with any of the following
13 risk factors:

14 (A) previous uterine surgery, including a cesarean
15 section or myomectomy;

16 (B) chronic significant maternal cardiac,
17 pulmonary, renal, or hepatic disease;

18 (C) malignant disease in an active phase;

19 (D) significant hematological disorders or
20 coagulopathies or pulmonary embolism;

21 (E) diabetes mellitus requiring insulin;

22 (F) known maternal congenital abnormalities
23 affecting childbirth;

24 (G) confirmed isoimmunization, Rh disease with
25 positive titer levels;

26 (H) active tuberculosis;

1 (I) active syphilis or gonorrhoea;

2 (J) active genital herpes infection 2 weeks prior
3 to labor or during labor;

4 (K) pelvic or uterine abnormalities affecting
5 normal vaginal births, including tumors and
6 malformations;

7 (L) alcoholism or abuse;

8 (M) drug addiction or abuse;

9 (N) confirmed HIV or AIDS status;

10 (O) uncontrolled current serious psychiatric
11 illness;

12 (P) social or familial conditions unsatisfactory
13 for out-of-hospital maternity care services;

14 (Q) fetus with suspected or diagnosed congenital
15 abnormalities that may require immediate medical
16 intervention;

17 (R) indications that the fetus has died in utero;
18 or

19 (S) premature labor (gestation less than 37
20 weeks).

21 (10) Continuing to provide care for conditions for
22 which a transfer is required under subsection (c) of
23 Section 60.

24 (11) Administering drugs other than those listed in
25 Section 60 of this Act.

1 Section 50. Informed consent.

2 (a) A licensed certified professional midwife shall, at an
3 initial consultation with a patient, disclose to the patient
4 orally and in writing on a Department-specified uniform
5 informed consent form all of the following:

6 (1) The licensed certified professional midwife's
7 experience and training.

8 (2) The general risk factors associated with the
9 services to be provided.

10 (3) The definition of the "practice of midwifery" in
11 this Act.

12 (4) That the client is retaining a licensed certified
13 professional midwife, not an advanced practice nurse who is
14 a certified nurse midwife, and that the licensed certified
15 professional midwife is not supervised by a physician or
16 nurse.

17 (5) The licensed certified professional midwife's
18 current licensure status and license number.

19 (6) The practice settings in which the licensed
20 certified professional midwife practices.

21 (7) A description of the procedures, benefits and risks
22 of home births, including those conditions that may arise
23 during delivery.

24 (8) That there are conditions that are outside of the
25 scope of practice of a licensed certified professional
26 midwife that will result in a referral for a consultation

1 from, or transfer of care to, a health care practitioner.

2 (9) That there may be benefits to pre-registration at
3 the nearest hospital.

4 (10) The specific arrangements for the referral of
5 complications to a health care practitioner for
6 consultation. The licensed certified professional midwife
7 shall not be required to identify a specific health care
8 practitioner.

9 (11) Instructions for filing a complaint with the
10 Department.

11 (12) That if, during the course of care, the client is
12 informed that she has or may have a condition indicating
13 the need for a mandatory transfer, the licensed certified
14 professional midwife shall initiate the transfer.

15 (13) A written protocol for the handling of both
16 patient's and newborn's medical emergencies, including
17 transportation to a hospital, particular to each client,
18 complete with identification of the appropriate hospital,
19 the estimated travel time to the hospital, and the identity
20 of obstetric and pediatric health care practitioners who
21 will be notified. A verbal report of the care provided must
22 be provided to emergency services providers and a copy of
23 the client records shall be sent with the client at the
24 time of any transfer to a hospital.

25 (b) A copy of the informed consent document, signed and
26 dated by the patient, must be kept in each patient's chart. All

1 patients' charts and records of services provided shall be
2 maintained for a minimum of 10 years after the last patient
3 visit.

4 Section 55. Midwife requirements. A licensed certified
5 professional midwife shall do all of the following:

6 (a) Prior to labor, develop a written plan of care specific
7 to the patient, including specific risk factors pertaining to
8 the individual health and circumstances of the patient, to
9 ensure continuity of antepartum, intra-partum, and postpartum
10 care. The plan shall include:

11 (1) twenty-four hour, on-call availability by a
12 licensed certified professional midwife, advanced practice
13 nurse who is a certified nurse midwife, or licensed
14 physician throughout pregnancy, intra-partum, and 6 weeks
15 postpartum;

16 (2) appropriate screening and testing, including
17 laboratory tests, urinalysis, and ultrasound; and

18 (3) labor support, fetal monitoring, and routine
19 assessment of vital signs once active labor is established.

20 (b) Perform emergency procedures including: administering
21 approved medications; administering intravenous fluids for
22 stabilization; performing an emergency episiotomy; providing
23 care while on the way to a hospital under circumstances in
24 which emergency medical services have not been activated; and
25 activating emergency medical services for an emergency.

1 (c) Supervise delivery of infant and placenta, assess
2 newborn and maternal well-being in immediate postpartum, and
3 perform Apgar tests.

4 (d) Provide immediate care at birth, including
5 resuscitating as needed, performing a newborn examination, and
6 administering intramuscular vitamin K and eye ointment for the
7 prevention of blindness.

8 (e) Perform routine cord management and inspect for the
9 appropriate number of vessels.

10 (f) Inspect the placenta and membranes for completeness.

11 (g) Inspect the perineum and vagina postpartum for
12 lacerations and stabilize suturing of first and second degree
13 perineal or labial lacerations or suturing of an episiotomy
14 with administration of a local anesthetic.

15 (h) Observe mother and newborn postpartum until stable
16 condition is achieved, but in no event for less than 2 hours to
17 assess for hemorrhage, preeclampsia, thromboembolism,
18 infection, and emotional well-being.

19 (i) Instruct the mother, father, and other support persons,
20 both verbally and in writing, of the special care and
21 precautions for both mother and newborn in the immediate
22 postpartum period.

23 (j) Reevaluate maternal and newborn well-being within 36
24 hours of delivery.

25 (k) Use universal precautions with all biohazard
26 materials.

1 (l) Ensure that a birth certificate is accurately completed
2 and filed in accordance with State law.

3 (m) Within 24 hours after delivery, notify a pediatric
4 health care professional of the delivery including
5 transferring health records to the pediatric health
6 practitioner documenting performance of the required newborn
7 screenings.

8 (n) Within 24 to 36 hours after delivery, submit a blood
9 sample in accordance with metabolic screening requirements for
10 newborns.

11 (o) Within one week after delivery, perform newborn weight
12 checks and general observation of the newborn's activities with
13 abnormal findings communicated to the newborn's pediatric
14 health care practitioner, assessment of newborn feeding and
15 hydration, offer a newborn hearing screening to every newborn
16 or refer the parents to a facility with a newborn hearing
17 screening program.

18 (p) Provide services to the patient after the post-partum
19 period limited to breastfeeding support and counseling and
20 counseling and referral for family planning.

21 (q) Maintain adequate antenatal and perinatal records of
22 each client and provide records to consulting licensed
23 physicians and advanced practice nurses who are certified nurse
24 midwives in accordance with federal Health Insurance
25 Portability and Accountability Act regulations and State law.

1 Section 60. Administration of drugs.

2 (a) A licensed certified professional midwife may
3 administer the following agents during the practice of
4 midwifery:

5 (1) oxygen for the treatment of fetal distress;

6 (2) eye prophylactics - 0.5% erythromycin ophthalmic
7 ointment for the prevention of neonatal ophthalmia;

8 (3) oxytocin (Pitocin) as a postpartum antihemorrhagic
9 agent or as prophylaxis for hemorrhage;

10 (4) Methyl-ergonovine or Methergine for the treatment
11 of postpartum hemorrhage;

12 (5) Misoprostol (Cytotec) for the treatment of
13 postpartum hemorrhage;

14 (6) Vitamin K for the prophylaxis for hemorrhagic
15 disease of the newborn;

16 (7) RHo(D) immune globulin for the prevention for
17 RHo(D) sensitization in RHo(D) negative women;

18 (8) intravenous fluids for maternal stabilization,
19 including lactated Ringer's solution, or with 5% dextrose
20 (D5LR), unless unavailable or impractical, in which case
21 0.9% sodium chloride may be administered;

22 (9) Lidocaine injection as a local anesthetic for
23 perineal repair;

24 (10) sterile water subcutaneous injections as a
25 non-pharmacological form of pain relief during the first
26 and second stages of labor; and

1 (11) ibuprofen for postpartum pain relief.

2 (b) The medication indications, dose, route of
3 administration, and duration of treatment relating to the
4 administration of drugs and procedures identified under this
5 Section shall be determined by rule as the Department deems
6 necessary to be in keeping with current evidence-based practice
7 standards. The Department may approve additional medications,
8 agents, or procedures based upon updated evidence-based
9 obstetrical guidelines or based upon limited availability of
10 standard medications or agents.

11 (c) A licensed certified professional midwife shall not
12 administer Schedule II-V drugs.

13 Section 65. Consultation, referral, and transfer.

14 (a) A licensed certified professional midwife shall
15 consult with a licensed physician concentrating in obstetrics,
16 a licensed physician concentrating in a family practice who
17 performs deliveries, or an advanced practice nurse who is a
18 certified nurse midwife providing obstetrical care whenever
19 there are significant deviations, including abnormal
20 laboratory results, relative to a patient's pregnancy or to a
21 neonate. If a referral to a physician or advanced practice
22 nurse who is a certified midwife is needed, the licensed
23 certified professional midwife shall refer the patient to a
24 physician concentrating in obstetrics or to a physician
25 concentrating in family practice who performs deliveries, and,

1 if possible, remain in consultation with the physician or nurse
2 until resolution of the concern. Consultation does not preclude
3 the possibility of an out-of-hospital birth. It is appropriate
4 for the licensed certified professional midwife to maintain
5 care of the patient to the greatest degree possible, in
6 accordance with the patient's wishes, during the pregnancy and,
7 if possible, during labor, birth, and the postpartum period.

8 (b) The midwife shall document during prenatal care the
9 health care practitioner the parents have chosen to provide
10 pediatric care for the newborn in the weeks immediately
11 following the birth. If no pediatric health care practitioner
12 has been chosen by 36 weeks of pregnancy, the licensed
13 certified professional midwife shall provide a referral.

14 (c) A licensed certified professional midwife shall
15 consult with a licensed physician concentrating in obstetrics,
16 a licensed physician concentrating in family practice who
17 performs deliveries, or an advanced practice nurse who is a
18 certified nurse midwife with regard to any patient who presents
19 with or develops the following risk factors, or presents with
20 or develops other risk factors that, in the judgment of the
21 licensed certified professional midwife, warrant consultation:

22 (1) Antepartum.

23 (A) Pregnancy-induced hypertension, as evidenced
24 by a blood pressure of 140/90 on 2 occasions greater
25 than 6 hours apart.

26 (B) Persistent, severe headaches, epigastric pain,

1 or visual disturbances.

2 (C) Persistent symptoms of urinary tract
3 infection.

4 (D) Significant vaginal bleeding before the onset
5 of labor not associated with uncomplicated spontaneous
6 abortion.

7 (E) Rupture of membranes prior to the 37th week of
8 gestation.

9 (F) Noted abnormal decrease in or cessation of
10 fetal movement.

11 (G) Anemia resistant to supplemental therapy.

12 (H) Fever of 102 degrees Fahrenheit or 39 degrees
13 Celsius or greater for more than 24 hours.

14 (I) Non-vertex presentation after 36 weeks
15 gestation.

16 (J) Hyperemesis or significant dehydration.

17 (K) Isoimmunization, Rh-negative sensitized,
18 positive titers, or any other positive antibody titer,
19 which may have a detrimental effect on mother or fetus.

20 (L) Elevated blood glucose levels unresponsive to
21 dietary management.

22 (M) Positive HIV antibody test.

23 (N) Primary genital herpes infection in pregnancy
24 or active recurrent herpes infection within 2 weeks of
25 labor.

26 (O) Symptoms of malnutrition or anorexia or

- 1 protracted weight loss or failure to gain weight.
- 2 (P) Suspected deep vein thrombosis.
- 3 (Q) Documented placental anomaly or previa.
- 4 (R) Labor prior to the 37th week of gestation.
- 5 (S) Lie other than vertex at term.
- 6 (T) Known fetal anomalies that may be affected by
- 7 the site of birth.
- 8 (U) Marked abnormal fetal heart tones.
- 9 (V) Abnormal non-stress test or abnormal
- 10 biophysical profile.
- 11 (W) Marked or severe polyhydramnios or
- 12 oligohydramnios.
- 13 (X) Evidence of intrauterine growth restriction.
- 14 (Y) Significant abnormal ultrasound findings.
- 15 (Z) Gestation beyond 42 weeks by reliable
- 16 confirmed dates.
- 17 (AA) Controlled hypothyroidism, being treated with
- 18 thyroid replacement and euthyroid, and with thyroid
- 19 test numbers in the normal range.
- 20 (BB) Previous obstetrical problems, including
- 21 uterine abnormalities, placental abruption, placenta
- 22 accreta, obstetric hemorrhage, incompetent cervix, or
- 23 preterm delivery for any reason.
- 24 (CC) Unforeseen multifetal gestation.
- 25 (2) Intra-partum.
- 26 (A) Rise in blood pressure above baseline, more

1 than 30/15 points or greater than 140/90.

2 (B) Persistent, severe headaches, epigastric pain,
3 or visual disturbances.

4 (C) Significant proteinuria or ketonuria.

5 (D) Fever over 100.6 degrees Fahrenheit or 38
6 degrees Celsius in absence of environmental factors.

7 (E) Ruptured membranes without onset of
8 established labor after 18 hours.

9 (F) Significant bleeding prior to delivery or any
10 abnormal bleeding, with or without abdominal pain, or
11 evidence of placental abruption.

12 (G) Fetal lie not compatible with spontaneous
13 vaginal delivery or unstable fetal lie.

14 (H) Failure to progress after 5 hours of active
15 labor or following 2 hours of active second stage
16 labor.

17 (I) Signs or symptoms of maternal infection.

18 (J) Active genital herpes at onset of labor or
19 within 2 weeks of the onset of labor.

20 (K) Fetal heart tones with non-reassuring
21 patterns.

22 (L) Signs or symptoms of fetal distress.

23 (M) Thick meconium or frank bleeding with birth not
24 imminent.

25 (N) Patient or licensed certified professional
26 midwife desires physician or advanced practice nurse

1 consultation or transfer.

2 (3) Postpartum.

3 (A) Failure to void within 6 hours of birth.

4 (B) Signs or symptoms of maternal shock.

5 (C) Fever of 102 degrees Fahrenheit or 39 degrees
6 Celsius and unresponsive to therapy for 12 hours.

7 (D) Abnormal lochia or signs or symptoms of uterine
8 sepsis.

9 (E) Suspected deep vein thrombosis.

10 (F) Signs of clinically significant depression.

11 (G) Retained placenta.

12 (H) Patient with a third or fourth degree
13 laceration or a laceration beyond the licensed
14 certified professional midwife's ability to repair.

15 (d) A licensed certified professional midwife shall
16 consult with a licensed physician with a concentration in
17 obstetrics, a licensed physician with a concentration in
18 pediatrics, a licensed physician with a concentration in family
19 practice who performs deliveries, or an advanced practice nurse
20 who is a certified nurse midwife with regard to any neonate who
21 is born with or develops the following risk factors:

22 (1) Apgar score of 6 or less at 5 minutes without
23 significant improvement by 10 minutes.

24 (2) Persistent grunting respirations or retractions.

25 (3) Persistent cardiac irregularities.

26 (4) Persistent central cyanosis or pallor.

- 1 (5) Persistent lethargy or poor muscle tone.
- 2 (6) Abnormal cry.
- 3 (7) Birth weight less than 2,300 grams.
- 4 (8) Jitteriness or seizures.
- 5 (9) Jaundice occurring before 24 hours or outside of
- 6 normal range.
- 7 (10) Failure to urinate within 24 hours of birth.
- 8 (11) Failure to pass meconium within 48 hours of birth.
- 9 (12) Edema.
- 10 (13) Prolonged temperature instability.
- 11 (14) Significant signs or symptoms of infection.
- 12 (15) Significant clinical evidence of glycemic
- 13 instability.
- 14 (16) Abnormal, bulging, or depressed fontanel.
- 15 (17) Significant clinical evidence of prematurity.
- 16 (18) Medically significant congenital anomalies.
- 17 (19) Significant or suspected birth injury.
- 18 (20) Persistent inability to suck.
- 19 (21) Diminished consciousness.
- 20 (22) Clinically significant abnormalities in vital
- 21 signs, muscle tone, or behavior.
- 22 (23) Clinically significant color abnormality,
- 23 cyanotic, or pale or abnormal perfusion.
- 24 (24) Abdominal distension or projectile vomiting.
- 25 (25) Signs of clinically significant dehydration or
- 26 failure to thrive.

1 Section 70. Transfer.

2 (a) Transport via private vehicle is an acceptable method
3 of transport if it is the most expedient and safest method for
4 accessing medical services. The licensed certified
5 professional midwife shall initiate immediate transport
6 according to the licensed certified professional midwife's
7 emergency plan, provide emergency stabilization until
8 emergency medical services arrive or transfer is completed,
9 accompany the patient or follow the patient to a hospital in a
10 timely fashion, provide pertinent information to the receiving
11 facility, and complete an emergency transport record. The
12 following conditions shall require immediate physician or
13 advanced practice nurse notification and emergency transfer to
14 a hospital:

- 15 (1) Seizures or unconsciousness.
- 16 (2) Respiratory distress or arrest.
- 17 (3) Evidence of shock.
- 18 (4) Psychosis.
- 19 (5) Symptomatic chest pain or cardiac arrhythmias.
- 20 (6) Prolapsed umbilical cord.
- 21 (7) Shoulder dystocia not resolved by Advanced Life
22 Support in Obstetrics (ALSO) protocol.
- 23 (8) Symptoms of uterine rupture.
- 24 (9) Preeclampsia or eclampsia.
- 25 (10) Severe abdominal pain inconsistent with normal

1 labor.

2 (11) Chorioamnionitis.

3 (12) Clinically significant fetal heart rate patterns
4 or other manifestation of fetal distress.

5 (13) Presentation not compatible with spontaneous
6 vaginal delivery.

7 (14) Laceration greater than second degree perineal or
8 any cervical.

9 (15) Hemorrhage non-responsive to therapy.

10 (16) Uterine prolapse or inversion.

11 (17) Persistent uterine atony.

12 (18) Anaphylaxis.

13 (19) Failure to deliver placenta after one hour if
14 there is no bleeding or fundus is firm.

15 (20) Sustained instability or persistent abnormal
16 vital signs.

17 (21) Other conditions or symptoms that could threaten
18 the life of the mother, fetus, or neonate.

19 (b) If birth is imminent and the patient refuses to be
20 transferred after the licensed certified professional midwife
21 determines that a transfer is necessary, the licensed certified
22 professional midwife shall:

23 (1) call 9-1-1 and remain with the patient until
24 emergency services personnel arrive; and

25 (2) transfer care and give a verbal report of the care
26 provided to the emergency medical services providers.

1 (c) For each patient who is transported under this section,
2 the licensed certified professional midwife shall complete a
3 standard transport reporting form and submit the completed form
4 to the Department.

5 (d) The Board shall develop and recommend to the Department
6 for adoption in the rules implementing this Act a planned
7 out-of-hospital birth transport protocol.

8 Section 75. Annual reports.

9 (a) A licensed certified professional midwife shall
10 annually report to the Department by no later than March 31st
11 of each year beginning in 2018, in a form specified by the
12 Department, the following information regarding cases in which
13 the licensed certified professional midwife assisted during
14 the previous calendar year when the intended place of birth at
15 the onset of care was an out-of-hospital setting:

16 (1) the total number of patients served at the onset of
17 care;

18 (2) the number, by county, of live births attended;

19 (3) the number, by county, of cases of fetal demise,
20 infant deaths, and maternal deaths attended at the
21 discovery of the demise or death;

22 (4) the number of women whose care was transferred to
23 another health care practitioner during the antepartum
24 period and the reason for transfer;

25 (5) the number, reason for, and outcome of each

1 nonemergency hospital transfer during the intra-partum or
2 postpartum period;

3 (6) the number, reason for, and outcome of each urgent
4 or emergency transport of an expectant mother in the
5 antepartum period;

6 (7) the number, reason for, and outcome of each urgent
7 or emergency transport of an infant or mother during the
8 intra-partum or immediate postpartum period;

9 (8) the number of planned out-of-hospital births at the
10 onset of labor and the number of births completed in an
11 out-of-hospital setting;

12 (9) a brief description of any complications resulting
13 in the morbidity or mortality of a mother or a neonate; and

14 (10) any other information required by rule by the
15 Department.

16 (b) The Department shall send a written notice of
17 noncompliance to each licensee who fails to meet the reporting
18 requirements under subsection (a) of this Section.

19 (c) A licensed certified professional midwife who fails to
20 comply with the reporting requirements under this Section shall
21 be prohibited from license renewal until the information
22 required under subsection (a) of this Section is reported.

23 (d) The Committee shall maintain the confidentiality of any
24 report under subsection (f) of this Section.

25 (e) Notwithstanding any other provision of law, a licensed
26 certified professional midwife shall be subject to the same

1 reporting requirements as other health care practitioners who
2 provide care to individuals.

3 (f) All reports required shall be submitted to the
4 Department in a timely fashion. Unless otherwise provided in
5 this Section, the reports shall be filed in writing within 60
6 days after a determination that a report is required under this
7 Act.

8 The Department may also exercise the power under Section
9 165 of this Act to subpoena copies of hospital or medical
10 records in cases concerning death or permanent bodily injury.
11 Rules shall be adopted by the Department to implement this
12 Section.

13 Nothing contained in this Section shall act to in any way
14 waive or modify the confidentiality of reports and committee
15 reports to the extent provided by law. Any information reported
16 or disclosed shall be kept for the confidential use of the
17 Department, its attorneys, the investigative staff, and
18 authorized clerical staff, as provided in this Act, and shall
19 be afforded the same status as is provided information
20 concerning medical studies in Part 21 of Article VIII of the
21 Code of Civil Procedure, except that the Department may
22 disclose information and documents to a federal, state, or
23 local law enforcement agency pursuant to a subpoena in an
24 ongoing criminal investigation or to a health care licensing
25 body or midwifery licensing authority of another state or
26 jurisdiction pursuant to an official request made by that

1 licensing body or authority. Furthermore, information and
2 documents disclosed to a federal, state, or local law
3 enforcement agency may be used by that agency only for the
4 investigation and prosecution of a criminal offense, or, in the
5 case of disclosure to a health care licensing body or medical
6 licensing authority, only for investigations and disciplinary
7 action proceedings with regard to a license. Information and
8 documents disclosed to the Department of Public Health may be
9 used by that Department only for investigation and disciplinary
10 action regarding the license of a health care institution
11 licensed by the Department of Public Health.

12 Section 80. Illinois Certified Professional Midwifery
13 Board.

14 (a) There is created under the authority of the Department
15 the Illinois Certified Professional Midwifery Board, which
16 shall consist of the following 9 members appointed by the
17 Secretary:

18 Three of whom shall be licensed certified professional
19 midwives who currently practice midwifery; except that the
20 initial appointees shall be Certified Professional
21 Midwives who have at least 3 years of experience in the
22 practice of midwifery in an out-of-hospital setting, and
23 otherwise meet the qualifications for licensure set forth
24 in this Act.

25 One of whom shall be a licensed physician concentrating

1 in obstetrics.

2 One of whom shall be a licensed physician concentrating
3 in a family practice who performs deliveries.

4 One of whom shall be a licensed physician who
5 concentrates in pediatrics.

6 Two of whom shall be advanced practice nurses who are
7 certified nurse midwives.

8 One of whom shall be a knowledgeable public member who
9 has given birth with the assistance of a licensed certified
10 professional midwife or a Certified Professional Midwife
11 in an out-of-hospital birth setting.

12 Board members shall serve 4-year terms, except that in the
13 case of initial appointments, terms shall be staggered as
14 follows: 4 members shall serve for 4 years, and 5 members shall
15 serve for 2 years. The Board shall annually elect a chairperson
16 and vice chairperson.

17 (b) Any appointment made to fill a vacancy shall be for the
18 unexpired portion of the term. Appointments to fill vacancies
19 shall be made in the same manner as original appointments. No
20 Board member may be reappointed for a term that would cause his
21 or her continuous service on the Board to exceed 9 years.

22 (c) Board membership must have reasonable representation
23 from different geographic areas of this State.

24 (d) The members of the Board shall serve without
25 compensation but may be reimbursed for all legitimate,
26 necessary, and authorized expenses incurred in attending the

1 meetings of the Board if funds are available for such purposes.

2 (e) The Secretary may remove any member of the Board for
3 misconduct, incapacity, or neglect of duty at any time prior to
4 the expiration of his or her term.

5 (f) Five Board members shall constitute a quorum. A vacancy
6 in the membership of the Board shall not impair the right of a
7 quorum to perform all of the duties of the Board.

8 (g) The Board shall provide the Department with
9 recommendations concerning the administration of this Act and
10 may perform each of the following duties:

11 (1) Recommend to the Department from time to time
12 revisions to any rules that may be necessary to carry out
13 the provisions of this Act, including those that are
14 designed to protect the health, safety, and welfare of the
15 public.

16 (2) Conduct hearings and disciplinary conferences on
17 disciplinary charges of licensees.

18 (3) Report to the Department, upon completion of a
19 hearing, the disciplinary actions recommended to be taken
20 against a person found in violation of this Act.

21 (4) Recommend the approval, denial of approval, or
22 withdrawal of approval of required education and
23 continuing educational programs.

24 (h) The Secretary shall give due consideration to all
25 recommendations of the Board. If the Secretary takes action
26 contrary to a recommendation of the Board, the Secretary must

1 promptly provide a written explanation of that action.

2 (i) The Board may recommend to the Secretary that one or
3 more licensed certified professional midwives be selected by
4 the Secretary to assist in any investigation under this Act.
5 Travel expenses shall be provided to any licensee who provides
6 assistance under this subsection (i), in an amount determined
7 by the Secretary, if funds are available for such purposes.

8 (j) Members of the Board shall be immune from suit in an
9 action based upon a disciplinary proceeding or other activity
10 performed in good faith as a member of the Board, except for
11 willful or wanton misconduct.

12 (k) Members of the Board may participate in and act at any
13 meeting of the Illinois Midwifery Board through the use of any
14 real-time Internet or telephone communication media, by means
15 of which all persons participating in the meeting can
16 communicate with each other. Participation in such meeting
17 shall constitute attendance and presence in person at the
18 meeting of the person or persons so participating.

19 Section 85. Continuing education for certified
20 professional midwife licensees.

21 The Department shall adopt rules of continuing education
22 for licensed certified professional midwives that require a
23 total of 24 hours of continuing education per 2-year license
24 renewal cycle. Four hours of continuing education shall consist
25 of successful completion of peer review in accordance with NARM

1 standards for official peer review. The rules shall address
2 variances in part or in whole for good cause, including without
3 limitation illness or hardship. The continuing education rules
4 must ensure that licensees are given the opportunity to
5 participate in programs sponsored by or through their State or
6 national professional associations, hospitals, or other
7 providers of continuing education. Each licensee is
8 responsible for maintaining records of completion of
9 continuing education and shall produce the records when
10 requested by the Department.

11 Section 90. Vicarious liability.

12 (a) No physician, advanced practice nurse, nurse,
13 hospital, emergency room personnel, emergency medical
14 technician, or ambulance personnel shall be liable in any civil
15 action arising out of any injury resulting from an act or
16 omission of a licensed certified professional midwife, even if
17 the health care practitioner has consulted with or accepted a
18 referral from the licensed certified professional midwife. A
19 physician or advanced practice nurse who consults with a
20 licensed certified professional midwife but who does not
21 examine or treat a client of the licensed certified
22 professional midwife shall not be deemed to have created a
23 physician-patient or advanced practice nurse-patient
24 relationship with such client.

25 (b) Consultation with a physician or advanced practice

1 nurse does not alone create a physician-patient or advanced
2 practice nurse-patient relationship or any other relationship
3 with the physician or advanced practice nurse. The informed
4 consent shall specifically state that the licensed certified
5 professional midwife and any consulting physician or advanced
6 practice nurse are not employees, partners, associates,
7 agents, or principals of one another. The licensed certified
8 professional midwife shall inform the patient that he or she is
9 independently licensed and practicing midwifery and in that
10 regard is solely responsible for the services he or she
11 provides.

12 Section 95. Advertising.

13 (a) Any person licensed under this Act may advertise the
14 availability of midwifery services in the public media or on
15 premises where services are rendered, if the advertising is
16 truthful and not misleading and is in conformity with any rules
17 regarding the practice of a licensed certified professional
18 midwife.

19 (b) A licensee must include in every advertisement for
20 midwifery services regulated under this Act his or her title as
21 it appears on the license or the initials authorized under this
22 Act.

23 Section 100. Social Security Number on application. In
24 addition to any other information required to be contained in

1 the application, every application for an original, renewal,
2 reinstated, or restored license under this Act shall include
3 the applicant's Social Security Number.

4 Section 105. Renewal of licensure.

5 (a) Licensed certified professional midwives shall renew
6 their license biannually at the discretion of the Department.

7 (b) Rules adopted under this Act shall require the licensed
8 certified professional midwife to maintain CPM certification
9 by meeting all the continuing education requirements and other
10 requirements set forth by the North American Registry of
11 Midwives.

12 Section 110. Inactive status.

13 (a) A licensed certified professional midwife who notifies
14 the Department in writing on forms prescribed by the Department
15 may elect to place his or her license on an inactive status and
16 shall be excused from payment of renewal fees until he or she
17 notifies the Department in writing of his or her intent to
18 restore the license.

19 (b) A licensed certified professional midwife whose
20 license is on inactive status may not practice licensed
21 certified professional midwifery in the State of Illinois.

22 (c) A licensed certified professional midwife requesting
23 restoration from inactive status shall be required to pay the
24 current renewal fee and to restore his or her license, as

1 provided by the Department.

2 (d) Any licensee who engages in the practice of midwifery
3 while his or her license is lapsed or on inactive status shall
4 be considered to be practicing without a license, which shall
5 be grounds for discipline.

6 Section 115. Renewal, reinstatement, or restoration of
7 licensure; military service.

8 (a) The expiration date and renewal period for each license
9 issued under this Act shall be set by the Department.

10 (b) All renewal applicants shall provide proof of having
11 maintained CPM certification by meeting continuing education
12 requirements and other requirements set forth by the North
13 American Registry of Midwives and current CPR certification
14 required under Section 30.

15 (c) Any licensed certified professional midwife who has
16 permitted his or her license to expire or who has had his or
17 her license on inactive status may have his or her license
18 restored by making application to the Department and filing
19 proof acceptable to the Department of fitness to have the
20 license restored and by paying the required fees. Proof of
21 fitness may include evidence attesting to active lawful
22 practice in another jurisdiction.

23 (d) The Department shall determine, by an evaluation
24 program, fitness for restoration of a license under this
25 Section and shall establish procedures and requirements for

1 restoration.

2 (e) Any licensed certified professional midwife whose
3 license expired while he or she was (i) in federal service on
4 active duty with the Armed Forces of the United States or the
5 State Militia and called into service or training or (ii)
6 received education under the supervision of the United States
7 preliminary to induction into the military service may have his
8 or her license restored without paying any lapsed renewal fees,
9 if, within 2 years after honorable termination of service,
10 training, or education, he or she furnishes the Department with
11 satisfactory evidence to the effect that he or she has been so
12 engaged.

13 Section 120. Roster. The Department shall maintain a roster
14 of the names and addresses of all licensees and of all persons
15 whose licenses have been suspended or revoked. This roster
16 shall be available upon written request and payment of the
17 required fee.

18 Section 125. Fees.

19 (a) The Department shall provide for a schedule of fees for
20 the administration and enforcement of this Act, including
21 without limitation original licensure, renewal, and
22 restoration, which fees shall be nonrefundable.

23 (b) All fees collected under this Act shall be deposited
24 into the General Professions Dedicated Fund and appropriated to

1 the Department for the ordinary and contingent expenses of the
2 Department in the administration of this Act.

3 Section 130. Returned checks; fines. Any person who
4 delivers a check or other payment to the Department that is
5 returned to the Department unpaid by the financial institution
6 upon which it is drawn shall pay to the Department, in addition
7 to the amount already owed to the Department, a fine of \$50.
8 The fines imposed by this Section are in addition to any other
9 discipline provided under this Act for unlicensed practice or
10 practice on a non-renewed license. The Department shall notify
11 the person that fees and fines shall be paid to the Department
12 by certified check or money order within 30 calendar days after
13 the notification. If, after the expiration of 30 days from the
14 date of the notification, the person has failed to submit the
15 necessary remittance, the Department shall automatically
16 terminate the license or deny the application, without hearing.
17 If, after termination or denial, the person seeks a license, he
18 or she shall apply to the Department for restoration or
19 issuance of the license and pay all fees and fines due to the
20 Department. The Department may establish a fee for the
21 processing of an application for restoration of a license to
22 defray all expenses of processing the application. The
23 Secretary may waive the fines due under this Section in
24 individual cases where the Secretary finds that the fines would
25 be unreasonable or unnecessarily burdensome.

1 Section 135. Unlicensed practice; civil penalty. Any
2 person who practices, offers to practice, attempts to practice,
3 or holds himself or herself out to practice certified
4 professional midwifery or as a midwife without being licensed
5 under this Act shall, in addition to any other penalty provided
6 by law, pay a civil penalty to the Department in an amount not
7 to exceed \$5,000 for each offense, as determined by the
8 Department. The civil penalty shall be assessed by the
9 Department after a hearing is held in accordance with the
10 provisions set forth in this Act regarding the provision of a
11 hearing for the discipline of a licensee. The civil penalty
12 shall be paid within 60 days after the effective date of the
13 order imposing the civil penalty. The order shall constitute a
14 judgment and may be filed and execution had thereon in the same
15 manner as any judgment from any court of record. The Department
16 may investigate any unlicensed activity.

17 Section 140. Grounds for disciplinary action.

18 (a) The Department may refuse to issue or to renew or may
19 revoke, suspend, place on probation, reprimand, or take other
20 disciplinary action as the Department may deem proper,
21 including fines not to exceed \$5,000 for each violation, with
22 regard to any licensee or license for any one or combination of
23 the following causes:

24 (1) Violations of this Act or its rules.

1 (2) Material misstatement in furnishing information to
2 the Department.

3 (3) Conviction of any crime under the laws of any U.S.
4 jurisdiction that is (i) a felony, (ii) a misdemeanor, an
5 essential element of which is dishonesty, or (iii) directly
6 related to the practice of the profession.

7 (4) Making any misrepresentation for the purpose of
8 obtaining a license.

9 (5) Professional incompetence or gross negligence.

10 (6) Gross malpractice.

11 (7) Aiding or assisting another person in violating any
12 provision of this Act or its rules.

13 (8) Failing to provide information within 60 days in
14 response to a written request made by the Department.

15 (9) Engaging in dishonorable, unethical, or
16 unprofessional conduct of a character likely to deceive,
17 defraud, or harm the public.

18 (10) Habitual or excessive use or addiction to alcohol,
19 narcotics, stimulants, or any other chemical agent or drug
20 that results in the inability to practice with reasonable
21 judgment, skill, or safety.

22 (11) Discipline by another U.S. jurisdiction or
23 foreign nation if at least one of the grounds for the
24 discipline is the same or substantially equivalent to those
25 set forth in this Act.

26 (12) Directly or indirectly giving to or receiving from

1 any person, firm, corporation, partnership, or association
2 any fee, commission, rebate, or other form of compensation
3 for any professional services not actually or personally
4 rendered. This shall not be deemed to include rent or other
5 remunerations paid to an individual, partnership, or
6 corporation by a licensed certified professional midwife
7 for the lease, rental, or use of space, owned or controlled
8 by the individual, partnership, corporation, or
9 association.

10 (13) A finding by the Department that the licensee,
11 after having his or her license placed on probationary
12 status, has violated the terms of probation.

13 (14) Abandonment of a patient.

14 (15) Willfully making or filing false records or
15 reports relating to a licensee's practice, including, but
16 not limited to, false records filed with State agencies or
17 departments.

18 (16) Physical illness or mental illness, including,
19 but not limited to, deterioration through the aging process
20 or loss of motor skill that results in the inability to
21 practice the profession with reasonable judgment, skill,
22 or safety.

23 (17) Failure to provide a patient with a copy of his or
24 her record upon the written request of the patient.

25 (18) Conviction by any court of competent
26 jurisdiction, either within or without this State, of any

1 violation of any law governing the practice of licensed
2 certified professional midwifery or conviction in this or
3 another state of any crime that is a felony under the laws
4 of this State or conviction of a felony in a federal court,
5 if the Department determines, after investigation, that
6 the person has not been sufficiently rehabilitated to
7 warrant the public trust.

8 (19) A finding that licensure has been applied for or
9 obtained by fraudulent means.

10 (20) Being named as a perpetrator in an indicated
11 report by the Department of Children and Family Services
12 under the Abused and Neglected Child Reporting Act and upon
13 proof by clear and convincing evidence that the licensee
14 has caused a child to be an abused child or a neglected
15 child, as defined in Section 3 of the Abused and Neglected
16 Child Reporting Act.

17 (21) Practicing or attempting to practice under a name
18 other than the full name shown on a license issued under
19 this Act.

20 (22) Immoral conduct in the commission of any act, such
21 as sexual abuse, sexual misconduct, or sexual
22 exploitation, related to the licensee's practice.

23 (23) Maintaining a professional relationship with any
24 person, firm, or corporation when the licensed certified
25 professional midwife knows or should know that a person,
26 firm, or corporation is violating this Act.

1 (24) Failure to provide satisfactory proof of having
2 participated in approved continuing education programs as
3 determined by the Board and approved by the Secretary.
4 Exceptions for extreme hardships are to be defined by the
5 Department.

6 (b) The Department may refuse to issue or may suspend the
7 license of any person who fails to (i) file a tax return or to
8 pay the tax, penalty, or interest shown in a filed return or
9 (ii) pay any final assessment of the tax, penalty, or interest,
10 as required by any tax Act administered by the Illinois
11 Department of Revenue, until the time that the requirements of
12 that tax Act are satisfied.

13 (c) The determination by a circuit court that a licensee is
14 subject to involuntary admission or judicial admission as
15 provided in the Mental Health and Developmental Disabilities
16 Code operates as an automatic suspension. The suspension shall
17 end only upon a finding by a court that the patient is no
18 longer subject to involuntary admission or judicial admission,
19 the issuance of an order so finding and discharging the
20 patient, and the recommendation of the Board to the Secretary
21 that the licensee be allowed to resume his or her practice.

22 (d) In enforcing this Section, the Department, upon a
23 showing of a possible violation, may compel any person licensed
24 to practice under this Act or who has applied for licensure or
25 certification pursuant to this Act to submit to a mental or
26 physical examination, or both, as required by and at the

1 expense of the Department. The examining physicians shall be
2 those specifically designated by the Department. The
3 Department may order an examining physician to present
4 testimony concerning the mental or physical examination of the
5 licensee or applicant. No information shall be excluded by
6 reason of any common law or statutory privilege relating to
7 communications between the licensee or applicant and the
8 examining physician. The person to be examined may have, at his
9 or her own expense, another physician of his or her choice
10 present during all aspects of the examination. Failure of any
11 person to submit to a mental or physical examination when
12 directed shall be grounds for suspension of a license until the
13 person submits to the examination if the Department finds,
14 after notice and hearing, that the refusal to submit to the
15 examination was without reasonable cause.

16 If the Department finds an individual unable to practice
17 because of the reasons set forth in this subsection (d), the
18 Department may require that individual to submit to care,
19 counseling, or treatment by physicians approved or designated
20 by the Department, as a condition, term, or restriction for
21 continued, reinstated, or renewed licensure to practice or, in
22 lieu of care, counseling, or treatment, the Department may file
23 a complaint to immediately suspend, revoke, or otherwise
24 discipline the license of the individual. Any person whose
25 license was granted, reinstated, renewed, disciplined, or
26 supervised subject to such terms, conditions, or restrictions

1 and who fails to comply with such terms, conditions, or
2 restrictions shall be referred to the Secretary for a
3 determination as to whether or not the person shall have his or
4 her license suspended immediately, pending a hearing by the
5 Department.

6 In instances in which the Secretary immediately suspends a
7 person's license under this Section, a hearing on that person's
8 license must be convened by the Department within 15 days after
9 the suspension and completed without appreciable delay. The
10 Department may review the person's record of treatment and
11 counseling regarding the impairment, to the extent permitted by
12 applicable federal statutes and regulations safeguarding the
13 confidentiality of medical records.

14 A person licensed under this Act and affected under this
15 subsection (d) shall be afforded an opportunity to demonstrate
16 to the Department that he or she can resume practice in
17 compliance with acceptable and prevailing standards under the
18 provisions of his or her license.

19 Section 145. Failure to pay restitution. The Department,
20 without further process or hearing, shall suspend the license
21 or other authorization to practice of any person issued under
22 this Act who has been certified by court order as not having
23 paid restitution to a person under Section 8A-3.5 of the
24 Illinois Public Aid Code, under Section 46-1 of the Criminal
25 Code of 1961, or under Sections 17-8.5 or 17-10.5 of the

1 Criminal Code of 2012. A person whose license or other
2 authorization to practice is suspended under this Section is
3 prohibited from practicing until restitution is paid in full.

4 Section 150. Injunction; cease and desist order.

5 (a) If a person violates any provision of this Act, the
6 Secretary may, in the name of the People of the State of
7 Illinois, through the Attorney General or the State's Attorney
8 of any county in which the action is brought, petition for an
9 order enjoining the violation or enforcing compliance with this
10 Act. Upon the filing of a verified petition in court, the court
11 may issue a temporary restraining order, without notice or
12 bond, and may preliminarily and permanently enjoin the
13 violation. If it is established that the person has violated or
14 is violating the injunction, the court may punish the offender
15 for contempt of court. Proceedings under this Section shall be
16 in addition to, and not in lieu of, all other remedies and
17 penalties provided by this Act.

18 (b) If any person practices as a licensed certified
19 professional midwife or holds himself or herself out as a
20 licensed certified professional midwife without being licensed
21 under the provisions of this Act, then any licensed certified
22 professional midwife, any interested party, or any person
23 injured thereby may, in addition to the Secretary, petition for
24 relief as provided in subsection (a) of this Section.

25 (c) Whenever, in the opinion of the Department, any person

1 violates any provision of this Act, the Department may issue a
2 rule to show cause why an order to cease and desist should not
3 be entered against that person. The rule shall clearly set
4 forth the grounds relied upon by the Department and shall
5 provide a period of 7 days after the date of the rule to file an
6 answer to the satisfaction of the Department. Failure to answer
7 to the satisfaction of the Department shall cause an order to
8 cease and desist to be issued immediately.

9 Section 155. Violation; criminal penalty.

10 (a) Whoever knowingly practices or offers to practice
11 midwifery in this State without being licensed for that purpose
12 or exempt under this Act shall be guilty of a Class A
13 misdemeanor; and shall be guilty of a Class 4 felony for a
14 second or subsequent violation.

15 (b) Notwithstanding any other provision of this Act, all
16 criminal fines, moneys, or other property collected or received
17 by the Department under this Section or any other State or
18 federal statute, including, but not limited to, property
19 forfeited to the Department under Section 505 of the Illinois
20 Controlled Substances Act or Section 85 of the Methamphetamine
21 Control and Community Protection Act, shall be deposited into
22 the Professional Regulation Evidence Fund.

23 Section 160. Investigation; notice; hearing. The
24 Department may investigate the actions of any applicant or of

1 any person or persons holding or claiming to hold a license
2 under this Act. Before refusing to issue or to renew or taking
3 any disciplinary action regarding a license, the Department
4 shall, at least 30 days prior to the date set for the hearing,
5 notify in writing the applicant or licensee of the nature of
6 any charges and that a hearing shall be held on a date
7 designated. The Department shall direct the applicant or
8 licensee to file a written answer with the Board under oath
9 within 20 days after the service of the notice and inform the
10 applicant or licensee that failure to file an answer shall
11 result in default being taken against the applicant or licensee
12 and that the license may be suspended, revoked, or placed on
13 probationary status or that other disciplinary action may be
14 taken, including limiting the scope, nature, or extent of
15 practice, as the Secretary may deem proper. Written notice may
16 be served by personal delivery or certified or registered mail
17 to the respondent at the address of his or her last
18 notification to the Department. If the person fails to file an
19 answer after receiving notice, his or her license may, in the
20 discretion of the Department, be suspended, revoked, or placed
21 on probationary status, or the Department may take any
22 disciplinary action deemed proper, including limiting the
23 scope, nature, or extent of the person's practice or the
24 imposition of a fine, without a hearing, if the act or acts
25 charged constitute sufficient grounds for such action under
26 this Act. At the time and place fixed in the notice, the Board

1 shall proceed to hear the charges and the parties or their
2 counsel shall be accorded ample opportunity to present such
3 statements, testimony, evidence, and argument as may be
4 pertinent to the charges or to their defense. The Board may
5 continue a hearing from time to time.

6 Section 165. Formal hearing; preservation of record. The
7 Department, at its expense, shall preserve a record of all
8 proceedings at the formal hearing of any case. The notice of
9 hearing, complaint, and all other documents in the nature of
10 pleadings and written motions filed in the proceedings, the
11 transcript of testimony, the report of the Board or hearing
12 officer, and order of the Department shall be the record of the
13 proceeding. The Department shall furnish a transcript of the
14 record to any person interested in the hearing upon payment of
15 the fee required under Section 2105-115 of the Department of
16 Professional Regulation Law.

17 Section 170. Witnesses; production of documents; contempt.
18 Any circuit court may upon application of the Department or its
19 designee or of the applicant or licensee against whom
20 proceedings under Section 95 of this Act are pending, enter an
21 order requiring the attendance of witnesses and their testimony
22 and the production of documents, papers, files, books, and
23 records in connection with any hearing or investigation. The
24 court may compel obedience to its order by proceedings for

1 contempt.

2 Section 175. Subpoena; oaths. The Department shall have the
3 power to subpoena and bring before it any person in this State
4 and to take testimony either orally or by deposition or both
5 with the same fees and mileage and in the same manner as
6 prescribed in civil cases in circuit courts of this State. The
7 Secretary, the designated hearing officer, and every member of
8 the Board has the power to administer oaths to witnesses at any
9 hearing that the Department is authorized to conduct and any
10 other oaths authorized in any Act administered by the
11 Department. Any circuit court may, upon application of the
12 Department or its designee or upon application of the person
13 against whom proceedings under this Act are pending, enter an
14 order requiring the attendance of witnesses and their
15 testimony, and the production of documents, papers, files,
16 books, and records in connection with any hearing or
17 investigation. The court may compel obedience to its order by
18 proceedings for contempt.

19 Section 180. Findings of fact, conclusions of law, and
20 recommendations. At the conclusion of the hearing the Board
21 shall present to the Secretary a written report of its findings
22 of fact, conclusions of law, and recommendations. The report
23 shall contain a finding as to whether or not the accused person
24 violated this Act or failed to comply with the conditions

1 required under this Act. The Board shall specify the nature of
2 the violation or failure to comply and shall make its
3 recommendations to the Secretary.

4 The report of findings of fact, conclusions of law, and
5 recommendations of the Board shall be the basis for the
6 Department's order. If the Secretary disagrees in any regard
7 with the report of the Board, the Secretary may issue an order
8 in contravention of the report. The finding is not admissible
9 in evidence against the person in a criminal prosecution
10 brought for the violation of this Act, but the hearing and
11 findings are not a bar to a criminal prosecution brought for
12 the violation of this Act.

13 Section 185. Hearing officer. The Secretary may appoint any
14 attorney duly licensed to practice law in the State of Illinois
15 to serve as the hearing officer in any action for departmental
16 refusal to issue, renew, or license an applicant or for
17 disciplinary action against a licensee. The hearing officer
18 shall have full authority to conduct the hearing. The hearing
19 officer shall report his or her findings of fact, conclusions
20 of law, and recommendations to the Board and the Secretary. The
21 Board shall have 60 calendar days after receipt of the report
22 to review the report of the hearing officer and present its
23 findings of fact, conclusions of law, and recommendations to
24 the Secretary. If the Board fails to present its report within
25 the 60-day period, the Secretary may issue an order based on

1 the report of the hearing officer. If the Secretary disagrees
2 with the recommendation of the Board or the hearing officer, he
3 or she may issue an order in contravention of that
4 recommendation.

5 Section 190. Service of report; motion for rehearing. In
6 any case involving the discipline of a license, a copy of the
7 Board's report shall be served upon the respondent by the
8 Department, either personally or as provided in this Act for
9 the service of the notice of hearing. Within 20 days after the
10 service, the respondent may present to the Department a motion
11 in writing for a rehearing that shall specify the particular
12 grounds for rehearing. If no motion for rehearing is filed,
13 then upon the expiration of the time specified for filing a
14 motion, or if a motion for rehearing is denied, then upon the
15 denial, the Secretary may enter an order in accordance with
16 this Act. If the respondent orders from the reporting service
17 and pays for a transcript of the record within the time for
18 filing a motion for rehearing, the 20-day period within which
19 the motion may be filed shall commence upon the delivery of the
20 transcript to the respondent.

21 Section 195. Rehearing. Whenever the Secretary is
22 satisfied that substantial justice has not been done in the
23 revocation, suspension, or refusal to issue or renew a license,
24 the Secretary may order a rehearing by the same or another

1 hearing officer or by the Board.

2 Section 200. Prima facie proof. An order or a certified
3 copy thereof, over the seal of the Department and purporting to
4 be signed by the Secretary, shall be prima facie proof of the
5 following:

6 (1) that the signature is the genuine signature of the
7 Secretary;

8 (2) that such Secretary is duly appointed and qualified;

9 (3) that the Board and its members are qualified to act;
10 and

11 (4) that the findings and conclusions set forth therein are
12 prima facie true and correct.

13 Section 205. Restoration of license. At any time after the
14 suspension or revocation of any license, the Department may
15 restore the license to the accused person, unless after an
16 investigation and a hearing the Department determines that
17 restoration is not in the public interest.

18 Section 210. Surrender of license. Upon the revocation or
19 suspension of any license, the licensee shall immediately
20 surrender the license to the Department. If the licensee fails
21 to do so, the Department shall have the right to seize the
22 license.

1 Section 215. Summary suspension. The Secretary may
2 summarily suspend the license of a licensee under this Act
3 without a hearing, simultaneously with the institution of
4 proceedings for a hearing provided for in this Act, if the
5 Secretary finds that evidence in his or her possession
6 indicates that continuation in practice would constitute an
7 imminent danger to the public. In the event that the Secretary
8 summarily suspends a license without a hearing, a hearing by
9 the Department must be held within 30 days after the suspension
10 has occurred.

11 Section 220. Certificate of record. The Department shall
12 not be required to certify any record to the court or file any
13 answer in court or otherwise appear in any court in a judicial
14 review proceeding, unless there is filed in the court, with the
15 complaint, a receipt from the Department acknowledging payment
16 of the costs of furnishing and certifying the record. Failure
17 on the part of the plaintiff to file a receipt in court shall
18 be grounds for dismissal of the action.

19 Section 225. Administrative Review Law. All final
20 administrative decisions of the Department are subject to
21 judicial review under the Administrative Review Law and its
22 rules. The term "administrative decision" is defined as in
23 Section 3-101 of the Code of Civil Procedure.

1 Section 230. Illinois Administrative Procedure Act. The
2 Illinois Administrative Procedure Act is hereby expressly
3 adopted and incorporated in this Act as if all of the
4 provisions of such Act were included in this Act, except that
5 the provision of subsection (d) of Section 10-65 of the
6 Illinois Administrative Procedure Act that provides that at
7 hearings the licensee has the right to show compliance with all
8 lawful requirements for retention, continuation, or renewal of
9 the license is specifically excluded. For purposes of this Act,
10 the notice required under Section 10-25 of the Illinois
11 Administrative Procedure Act is deemed sufficient when mailed
12 to the last known address of a party.

13 Section 235. Home rule. The regulation and licensing of
14 midwives are exclusive powers and functions of the State. A
15 home rule unit may not regulate or license midwives. This
16 Section is a denial and limitation of home rule powers and
17 functions under subsection (h) of Section 6 of Article VII of
18 the Illinois Constitution.

19 Section 240. Severability. The provisions of this Act are
20 severable under Section 1.31 of the Statute on Statutes.

21 Section 245. The Regulatory Sunset Act is amended by adding
22 Section 4.37 as follows:

1 (5 ILCS 80/4.37 new)

2 Sec. 4.37. Act repealed on January 1, 2027. The following
3 Act is repealed on January 1, 2027:

4 The Home Birth Safety Act.

5 Section 250. The Medical Practice Act of 1987 is amended by
6 changing Section 4 as follows:

7 (225 ILCS 60/4) (from Ch. 111, par. 4400-4)

8 (Section scheduled to be repealed on December 31, 2016)

9 Sec. 4. Exemptions. This Act does not apply to the
10 following:

11 (1) persons lawfully carrying on their particular
12 profession or business under any valid existing regulatory
13 Act of this State, including without limitation persons
14 engaged in the practice of midwifery who are licensed under
15 the Home Birth Safety Act;

16 (2) persons rendering gratuitous services in cases of
17 emergency; or

18 (3) persons treating human ailments by prayer or
19 spiritual means as an exercise or enjoyment of religious
20 freedom.

21 (Source: P.A. 96-7, eff. 4-3-09; 97-622, eff. 11-23-11.)

22 Section 255. The Nurse Practice Act is amended by changing
23 Section 50-15 as follows:

1 (225 ILCS 65/50-15) (was 225 ILCS 65/5-15)
2 (Section scheduled to be repealed on January 1, 2018)
3 Sec. 50-15. Policy; application of Act.

4 (a) For the protection of life and the promotion of health,
5 and the prevention of illness and communicable diseases, any
6 person practicing or offering to practice advanced,
7 professional, or practical nursing in Illinois shall submit
8 evidence that he or she is qualified to practice, and shall be
9 licensed as provided under this Act. No person shall practice
10 or offer to practice advanced, professional, or practical
11 nursing in Illinois or use any title, sign, card or device to
12 indicate that such a person is practicing professional or
13 practical nursing unless such person has been licensed under
14 the provisions of this Act.

15 (b) This Act does not prohibit the following:

16 (1) The practice of nursing in Federal employment in
17 the discharge of the employee's duties by a person who is
18 employed by the United States government or any bureau,
19 division or agency thereof and is a legally qualified and
20 licensed nurse of another state or territory and not in
21 conflict with Sections 50-50, 55-10, 60-10, and 70-5 of
22 this Act.

23 (2) Nursing that is included in the program of study by
24 students enrolled in programs of nursing or in current
25 nurse practice update courses approved by the Department.

1 (3) The furnishing of nursing assistance in an
2 emergency.

3 (4) The practice of nursing by a nurse who holds an
4 active license in another state when providing services to
5 patients in Illinois during a bonafide emergency or in
6 immediate preparation for or during interstate transit.

7 (5) The incidental care of the sick by members of the
8 family, domestic servants or housekeepers, or care of the
9 sick where treatment is by prayer or spiritual means.

10 (6) Persons from being employed as unlicensed
11 assistive personnel in private homes, long term care
12 facilities, nurseries, hospitals or other institutions.

13 (7) The practice of practical nursing by one who is a
14 licensed practical nurse under the laws of another U.S.
15 jurisdiction and has applied in writing to the Department,
16 in form and substance satisfactory to the Department, for a
17 license as a licensed practical nurse and who is qualified
18 to receive such license under this Act, until (i) the
19 expiration of 6 months after the filing of such written
20 application, (ii) the withdrawal of such application, or
21 (iii) the denial of such application by the Department.

22 (8) The practice of advanced practice nursing by one
23 who is an advanced practice nurse under the laws of another
24 state, territory of the United States, or country and has
25 applied in writing to the Department, in form and substance
26 satisfactory to the Department, for a license as an

1 advanced practice nurse and who is qualified to receive
2 such license under this Act, until (i) the expiration of 6
3 months after the filing of such written application, (ii)
4 the withdrawal of such application, or (iii) the denial of
5 such application by the Department.

6 (9) The practice of professional nursing by one who is
7 a registered professional nurse under the laws of another
8 state, territory of the United States or country and has
9 applied in writing to the Department, in form and substance
10 satisfactory to the Department, for a license as a
11 registered professional nurse and who is qualified to
12 receive such license under Section 55-10, until (1) the
13 expiration of 6 months after the filing of such written
14 application, (2) the withdrawal of such application, or (3)
15 the denial of such application by the Department.

16 (10) The practice of professional nursing that is
17 included in a program of study by one who is a registered
18 professional nurse under the laws of another state or
19 territory of the United States or foreign country,
20 territory or province and who is enrolled in a graduate
21 nursing education program or a program for the completion
22 of a baccalaureate nursing degree in this State, which
23 includes clinical supervision by faculty as determined by
24 the educational institution offering the program and the
25 health care organization where the practice of nursing
26 occurs.

1 (11) Any person licensed in this State under any other
2 Act from engaging in the practice for which she or he is
3 licensed, including without limitation any person engaged
4 in the practice of midwifery who is licensed under the Home
5 Birth Safety Act.

6 (12) Delegation to authorized direct care staff
7 trained under Section 15.4 of the Mental Health and
8 Developmental Disabilities Administrative Act consistent
9 with the policies of the Department.

10 (13) The practice, services, or activities of persons
11 practicing the specified occupations set forth in
12 subsection (a) of, and pursuant to a licensing exemption
13 granted in subsection (b) or (d) of, Section 2105-350 of
14 the Department of Professional Regulation Law of the Civil
15 Administrative Code of Illinois, but only for so long as
16 the 2016 Olympic and Paralympic Games Professional
17 Licensure Exemption Law is operable.

18 (14) County correctional personnel from delivering
19 prepackaged medication for self-administration to an
20 individual detainee in a correctional facility.

21 Nothing in this Act shall be construed to limit the
22 delegation of tasks or duties by a physician, dentist, or
23 podiatric physician to a licensed practical nurse, a registered
24 professional nurse, or other persons.

25 (Source: P.A. 98-214, eff. 8-9-13.)

1 Section 260. The Illinois Public Aid Code is amended by
2 changing Section 5-5 as follows:

3 (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

4 (Text of Section before amendment by P.A. 99-407)

5 Sec. 5-5. Medical services. The Illinois Department, by
6 rule, shall determine the quantity and quality of and the rate
7 of reimbursement for the medical assistance for which payment
8 will be authorized, and the medical services to be provided,
9 which may include all or part of the following: (1) inpatient
10 hospital services; (2) outpatient hospital services; (3) other
11 laboratory and X-ray services; (4) skilled nursing home
12 services; (5) physicians' services whether furnished in the
13 office, the patient's home, a hospital, a skilled nursing home,
14 or elsewhere; (6) medical care, or any other type of remedial
15 care furnished by licensed practitioners, including the
16 services of licensed certified professional midwives pursuant
17 to the Home Birth Safety Act; (7) home health care services;
18 (8) private duty nursing service; (9) clinic services; (10)
19 dental services, including prevention and treatment of
20 periodontal disease and dental caries disease for pregnant
21 women, provided by an individual licensed to practice dentistry
22 or dental surgery; for purposes of this item (10), "dental
23 services" means diagnostic, preventive, or corrective
24 procedures provided by or under the supervision of a dentist in
25 the practice of his or her profession; (11) physical therapy

1 and related services; (12) prescribed drugs, dentures, and
2 prosthetic devices; and eyeglasses prescribed by a physician
3 skilled in the diseases of the eye, or by an optometrist,
4 whichever the person may select; (13) other diagnostic,
5 screening, preventive, and rehabilitative services, including
6 to ensure that the individual's need for intervention or
7 treatment of mental disorders or substance use disorders or
8 co-occurring mental health and substance use disorders is
9 determined using a uniform screening, assessment, and
10 evaluation process inclusive of criteria, for children and
11 adults; for purposes of this item (13), a uniform screening,
12 assessment, and evaluation process refers to a process that
13 includes an appropriate evaluation and, as warranted, a
14 referral; "uniform" does not mean the use of a singular
15 instrument, tool, or process that all must utilize; (14)
16 transportation and such other expenses as may be necessary;
17 (15) medical treatment of sexual assault survivors, as defined
18 in Section 1a of the Sexual Assault Survivors Emergency
19 Treatment Act, for injuries sustained as a result of the sexual
20 assault, including examinations and laboratory tests to
21 discover evidence which may be used in criminal proceedings
22 arising from the sexual assault; (16) the diagnosis and
23 treatment of sickle cell anemia; and (17) any other medical
24 care, and any other type of remedial care recognized under the
25 laws of this State, but not including abortions, or induced
26 miscarriages or premature births, unless, in the opinion of a

1 physician, such procedures are necessary for the preservation
2 of the life of the woman seeking such treatment, or except an
3 induced premature birth intended to produce a live viable child
4 and such procedure is necessary for the health of the mother or
5 her unborn child. The Illinois Department, by rule, shall
6 prohibit any physician from providing medical assistance to
7 anyone eligible therefor under this Code where such physician
8 has been found guilty of performing an abortion procedure in a
9 wilful and wanton manner upon a woman who was not pregnant at
10 the time such abortion procedure was performed. The term "any
11 other type of remedial care" shall include nursing care and
12 nursing home service for persons who rely on treatment by
13 spiritual means alone through prayer for healing.

14 Notwithstanding any other provision of this Section, a
15 comprehensive tobacco use cessation program that includes
16 purchasing prescription drugs or prescription medical devices
17 approved by the Food and Drug Administration shall be covered
18 under the medical assistance program under this Article for
19 persons who are otherwise eligible for assistance under this
20 Article.

21 Notwithstanding any other provision of this Code, the
22 Illinois Department may not require, as a condition of payment
23 for any laboratory test authorized under this Article, that a
24 physician's handwritten signature appear on the laboratory
25 test order form. The Illinois Department may, however, impose
26 other appropriate requirements regarding laboratory test order

1 documentation.

2 Upon receipt of federal approval of an amendment to the
3 Illinois Title XIX State Plan for this purpose, the Department
4 shall authorize the Chicago Public Schools (CPS) to procure a
5 vendor or vendors to manufacture eyeglasses for individuals
6 enrolled in a school within the CPS system. CPS shall ensure
7 that its vendor or vendors are enrolled as providers in the
8 medical assistance program and in any capitated Medicaid
9 managed care entity (MCE) serving individuals enrolled in a
10 school within the CPS system. Under any contract procured under
11 this provision, the vendor or vendors must serve only
12 individuals enrolled in a school within the CPS system. Claims
13 for services provided by CPS's vendor or vendors to recipients
14 of benefits in the medical assistance program under this Code,
15 the Children's Health Insurance Program, or the Covering ALL
16 KIDS Health Insurance Program shall be submitted to the
17 Department or the MCE in which the individual is enrolled for
18 payment and shall be reimbursed at the Department's or the
19 MCE's established rates or rate methodologies for eyeglasses.

20 On and after July 1, 2012, the Department of Healthcare and
21 Family Services may provide the following services to persons
22 eligible for assistance under this Article who are
23 participating in education, training or employment programs
24 operated by the Department of Human Services as successor to
25 the Department of Public Aid:

26 (1) dental services provided by or under the

1 supervision of a dentist; and

2 (2) eyeglasses prescribed by a physician skilled in the
3 diseases of the eye, or by an optometrist, whichever the
4 person may select.

5 Notwithstanding any other provision of this Code and
6 subject to federal approval, the Department may adopt rules to
7 allow a dentist who is volunteering his or her service at no
8 cost to render dental services through an enrolled
9 not-for-profit health clinic without the dentist personally
10 enrolling as a participating provider in the medical assistance
11 program. A not-for-profit health clinic shall include a public
12 health clinic or Federally Qualified Health Center or other
13 enrolled provider, as determined by the Department, through
14 which dental services covered under this Section are performed.
15 The Department shall establish a process for payment of claims
16 for reimbursement for covered dental services rendered under
17 this provision.

18 The Illinois Department, by rule, may distinguish and
19 classify the medical services to be provided only in accordance
20 with the classes of persons designated in Section 5-2.

21 The Department of Healthcare and Family Services must
22 provide coverage and reimbursement for amino acid-based
23 elemental formulas, regardless of delivery method, for the
24 diagnosis and treatment of (i) eosinophilic disorders and (ii)
25 short bowel syndrome when the prescribing physician has issued
26 a written order stating that the amino acid-based elemental

1 formula is medically necessary.

2 The Illinois Department shall authorize the provision of,
3 and shall authorize payment for, screening by low-dose
4 mammography for the presence of occult breast cancer for women
5 35 years of age or older who are eligible for medical
6 assistance under this Article, as follows:

7 (A) A baseline mammogram for women 35 to 39 years of
8 age.

9 (B) An annual mammogram for women 40 years of age or
10 older.

11 (C) A mammogram at the age and intervals considered
12 medically necessary by the woman's health care provider for
13 women under 40 years of age and having a family history of
14 breast cancer, prior personal history of breast cancer,
15 positive genetic testing, or other risk factors.

16 (D) A comprehensive ultrasound screening of an entire
17 breast or breasts if a mammogram demonstrates
18 heterogeneous or dense breast tissue, when medically
19 necessary as determined by a physician licensed to practice
20 medicine in all of its branches.

21 (E) A screening MRI when medically necessary, as
22 determined by a physician licensed to practice medicine in
23 all of its branches.

24 All screenings shall include a physical breast exam,
25 instruction on self-examination and information regarding the
26 frequency of self-examination and its value as a preventative

1 tool. For purposes of this Section, "low-dose mammography"
2 means the x-ray examination of the breast using equipment
3 dedicated specifically for mammography, including the x-ray
4 tube, filter, compression device, and image receptor, with an
5 average radiation exposure delivery of less than one rad per
6 breast for 2 views of an average size breast. The term also
7 includes digital mammography.

8 On and after January 1, 2016, the Department shall ensure
9 that all networks of care for adult clients of the Department
10 include access to at least one breast imaging Center of Imaging
11 Excellence as certified by the American College of Radiology.

12 On and after January 1, 2012, providers participating in a
13 quality improvement program approved by the Department shall be
14 reimbursed for screening and diagnostic mammography at the same
15 rate as the Medicare program's rates, including the increased
16 reimbursement for digital mammography.

17 The Department shall convene an expert panel including
18 representatives of hospitals, free-standing mammography
19 facilities, and doctors, including radiologists, to establish
20 quality standards for mammography.

21 On and after January 1, 2017, providers participating in a
22 breast cancer treatment quality improvement program approved
23 by the Department shall be reimbursed for breast cancer
24 treatment at a rate that is no lower than 95% of the Medicare
25 program's rates for the data elements included in the breast
26 cancer treatment quality program.

1 The Department shall convene an expert panel, including
2 representatives of hospitals, free standing breast cancer
3 treatment centers, breast cancer quality organizations, and
4 doctors, including breast surgeons, reconstructive breast
5 surgeons, oncologists, and primary care providers to establish
6 quality standards for breast cancer treatment.

7 Subject to federal approval, the Department shall
8 establish a rate methodology for mammography at federally
9 qualified health centers and other encounter-rate clinics.
10 These clinics or centers may also collaborate with other
11 hospital-based mammography facilities. By January 1, 2016, the
12 Department shall report to the General Assembly on the status
13 of the provision set forth in this paragraph.

14 The Department shall establish a methodology to remind
15 women who are age-appropriate for screening mammography, but
16 who have not received a mammogram within the previous 18
17 months, of the importance and benefit of screening mammography.
18 The Department shall work with experts in breast cancer
19 outreach and patient navigation to optimize these reminders and
20 shall establish a methodology for evaluating their
21 effectiveness and modifying the methodology based on the
22 evaluation.

23 The Department shall establish a performance goal for
24 primary care providers with respect to their female patients
25 over age 40 receiving an annual mammogram. This performance
26 goal shall be used to provide additional reimbursement in the

1 form of a quality performance bonus to primary care providers
2 who meet that goal.

3 The Department shall devise a means of case-managing or
4 patient navigation for beneficiaries diagnosed with breast
5 cancer. This program shall initially operate as a pilot program
6 in areas of the State with the highest incidence of mortality
7 related to breast cancer. At least one pilot program site shall
8 be in the metropolitan Chicago area and at least one site shall
9 be outside the metropolitan Chicago area. On or after July 1,
10 2016, the pilot program shall be expanded to include one site
11 in western Illinois, one site in southern Illinois, one site in
12 central Illinois, and 4 sites within metropolitan Chicago. An
13 evaluation of the pilot program shall be carried out measuring
14 health outcomes and cost of care for those served by the pilot
15 program compared to similarly situated patients who are not
16 served by the pilot program.

17 The Department shall require all networks of care to
18 develop a means either internally or by contract with experts
19 in navigation and community outreach to navigate cancer
20 patients to comprehensive care in a timely fashion. The
21 Department shall require all networks of care to include access
22 for patients diagnosed with cancer to at least one academic
23 commission on cancer-accredited cancer program as an
24 in-network covered benefit.

25 Any medical or health care provider shall immediately
26 recommend, to any pregnant woman who is being provided prenatal

1 services and is suspected of drug abuse or is addicted as
2 defined in the Alcoholism and Other Drug Abuse and Dependency
3 Act, referral to a local substance abuse treatment provider
4 licensed by the Department of Human Services or to a licensed
5 hospital which provides substance abuse treatment services.
6 The Department of Healthcare and Family Services shall assure
7 coverage for the cost of treatment of the drug abuse or
8 addiction for pregnant recipients in accordance with the
9 Illinois Medicaid Program in conjunction with the Department of
10 Human Services.

11 All medical providers providing medical assistance to
12 pregnant women under this Code shall receive information from
13 the Department on the availability of services under the Drug
14 Free Families with a Future or any comparable program providing
15 case management services for addicted women, including
16 information on appropriate referrals for other social services
17 that may be needed by addicted women in addition to treatment
18 for addiction.

19 The Illinois Department, in cooperation with the
20 Departments of Human Services (as successor to the Department
21 of Alcoholism and Substance Abuse) and Public Health, through a
22 public awareness campaign, may provide information concerning
23 treatment for alcoholism and drug abuse and addiction, prenatal
24 health care, and other pertinent programs directed at reducing
25 the number of drug-affected infants born to recipients of
26 medical assistance.

1 Neither the Department of Healthcare and Family Services
2 nor the Department of Human Services shall sanction the
3 recipient solely on the basis of her substance abuse.

4 The Illinois Department shall establish such regulations
5 governing the dispensing of health services under this Article
6 as it shall deem appropriate. The Department should seek the
7 advice of formal professional advisory committees appointed by
8 the Director of the Illinois Department for the purpose of
9 providing regular advice on policy and administrative matters,
10 information dissemination and educational activities for
11 medical and health care providers, and consistency in
12 procedures to the Illinois Department.

13 The Illinois Department may develop and contract with
14 Partnerships of medical providers to arrange medical services
15 for persons eligible under Section 5-2 of this Code.
16 Implementation of this Section may be by demonstration projects
17 in certain geographic areas. The Partnership shall be
18 represented by a sponsor organization. The Department, by rule,
19 shall develop qualifications for sponsors of Partnerships.
20 Nothing in this Section shall be construed to require that the
21 sponsor organization be a medical organization.

22 The sponsor must negotiate formal written contracts with
23 medical providers for physician services, inpatient and
24 outpatient hospital care, home health services, treatment for
25 alcoholism and substance abuse, and other services determined
26 necessary by the Illinois Department by rule for delivery by

1 Partnerships. Physician services must include prenatal and
2 obstetrical care. The Illinois Department shall reimburse
3 medical services delivered by Partnership providers to clients
4 in target areas according to provisions of this Article and the
5 Illinois Health Finance Reform Act, except that:

6 (1) Physicians participating in a Partnership and
7 providing certain services, which shall be determined by
8 the Illinois Department, to persons in areas covered by the
9 Partnership may receive an additional surcharge for such
10 services.

11 (2) The Department may elect to consider and negotiate
12 financial incentives to encourage the development of
13 Partnerships and the efficient delivery of medical care.

14 (3) Persons receiving medical services through
15 Partnerships may receive medical and case management
16 services above the level usually offered through the
17 medical assistance program.

18 Medical providers shall be required to meet certain
19 qualifications to participate in Partnerships to ensure the
20 delivery of high quality medical services. These
21 qualifications shall be determined by rule of the Illinois
22 Department and may be higher than qualifications for
23 participation in the medical assistance program. Partnership
24 sponsors may prescribe reasonable additional qualifications
25 for participation by medical providers, only with the prior
26 written approval of the Illinois Department.

1 Nothing in this Section shall limit the free choice of
2 practitioners, hospitals, and other providers of medical
3 services by clients. In order to ensure patient freedom of
4 choice, the Illinois Department shall immediately promulgate
5 all rules and take all other necessary actions so that provided
6 services may be accessed from therapeutically certified
7 optometrists to the full extent of the Illinois Optometric
8 Practice Act of 1987 without discriminating between service
9 providers.

10 The Department shall apply for a waiver from the United
11 States Health Care Financing Administration to allow for the
12 implementation of Partnerships under this Section.

13 The Illinois Department shall require health care
14 providers to maintain records that document the medical care
15 and services provided to recipients of Medical Assistance under
16 this Article. Such records must be retained for a period of not
17 less than 6 years from the date of service or as provided by
18 applicable State law, whichever period is longer, except that
19 if an audit is initiated within the required retention period
20 then the records must be retained until the audit is completed
21 and every exception is resolved. The Illinois Department shall
22 require health care providers to make available, when
23 authorized by the patient, in writing, the medical records in a
24 timely fashion to other health care providers who are treating
25 or serving persons eligible for Medical Assistance under this
26 Article. All dispensers of medical services shall be required

1 to maintain and retain business and professional records
2 sufficient to fully and accurately document the nature, scope,
3 details and receipt of the health care provided to persons
4 eligible for medical assistance under this Code, in accordance
5 with regulations promulgated by the Illinois Department. The
6 rules and regulations shall require that proof of the receipt
7 of prescription drugs, dentures, prosthetic devices and
8 eyeglasses by eligible persons under this Section accompany
9 each claim for reimbursement submitted by the dispenser of such
10 medical services. No such claims for reimbursement shall be
11 approved for payment by the Illinois Department without such
12 proof of receipt, unless the Illinois Department shall have put
13 into effect and shall be operating a system of post-payment
14 audit and review which shall, on a sampling basis, be deemed
15 adequate by the Illinois Department to assure that such drugs,
16 dentures, prosthetic devices and eyeglasses for which payment
17 is being made are actually being received by eligible
18 recipients. Within 90 days after September 16, 1984 (the
19 effective date of Public Act 83-1439) ~~this amendatory Act of~~
20 ~~1984~~, the Illinois Department shall establish a current list of
21 acquisition costs for all prosthetic devices and any other
22 items recognized as medical equipment and supplies
23 reimbursable under this Article and shall update such list on a
24 quarterly basis, except that the acquisition costs of all
25 prescription drugs shall be updated no less frequently than
26 every 30 days as required by Section 5-5.12.

1 The rules and regulations of the Illinois Department shall
2 require that a written statement including the required opinion
3 of a physician shall accompany any claim for reimbursement for
4 abortions, or induced miscarriages or premature births. This
5 statement shall indicate what procedures were used in providing
6 such medical services.

7 Notwithstanding any other law to the contrary, the Illinois
8 Department shall, within 365 days after July 22, 2013 (the
9 effective date of Public Act 98-104), establish procedures to
10 permit skilled care facilities licensed under the Nursing Home
11 Care Act to submit monthly billing claims for reimbursement
12 purposes. Following development of these procedures, the
13 Department shall, by July 1, 2016, test the viability of the
14 new system and implement any necessary operational or
15 structural changes to its information technology platforms in
16 order to allow for the direct acceptance and payment of nursing
17 home claims.

18 Notwithstanding any other law to the contrary, the Illinois
19 Department shall, within 365 days after August 15, 2014 (the
20 effective date of Public Act 98-963), establish procedures to
21 permit ID/DD facilities licensed under the ID/DD Community Care
22 Act and MC/DD facilities licensed under the MC/DD Act to submit
23 monthly billing claims for reimbursement purposes. Following
24 development of these procedures, the Department shall have an
25 additional 365 days to test the viability of the new system and
26 to ensure that any necessary operational or structural changes

1 to its information technology platforms are implemented.

2 The Illinois Department shall require all dispensers of
3 medical services, other than an individual practitioner or
4 group of practitioners, desiring to participate in the Medical
5 Assistance program established under this Article to disclose
6 all financial, beneficial, ownership, equity, surety or other
7 interests in any and all firms, corporations, partnerships,
8 associations, business enterprises, joint ventures, agencies,
9 institutions or other legal entities providing any form of
10 health care services in this State under this Article.

11 The Illinois Department may require that all dispensers of
12 medical services desiring to participate in the medical
13 assistance program established under this Article disclose,
14 under such terms and conditions as the Illinois Department may
15 by rule establish, all inquiries from clients and attorneys
16 regarding medical bills paid by the Illinois Department, which
17 inquiries could indicate potential existence of claims or liens
18 for the Illinois Department.

19 Enrollment of a vendor shall be subject to a provisional
20 period and shall be conditional for one year. During the period
21 of conditional enrollment, the Department may terminate the
22 vendor's eligibility to participate in, or may disenroll the
23 vendor from, the medical assistance program without cause.
24 Unless otherwise specified, such termination of eligibility or
25 disenrollment is not subject to the Department's hearing
26 process. However, a disenrolled vendor may reapply without

1 penalty.

2 The Department has the discretion to limit the conditional
3 enrollment period for vendors based upon category of risk of
4 the vendor.

5 Prior to enrollment and during the conditional enrollment
6 period in the medical assistance program, all vendors shall be
7 subject to enhanced oversight, screening, and review based on
8 the risk of fraud, waste, and abuse that is posed by the
9 category of risk of the vendor. The Illinois Department shall
10 establish the procedures for oversight, screening, and review,
11 which may include, but need not be limited to: criminal and
12 financial background checks; fingerprinting; license,
13 certification, and authorization verifications; unscheduled or
14 unannounced site visits; database checks; prepayment audit
15 reviews; audits; payment caps; payment suspensions; and other
16 screening as required by federal or State law.

17 The Department shall define or specify the following: (i)
18 by provider notice, the "category of risk of the vendor" for
19 each type of vendor, which shall take into account the level of
20 screening applicable to a particular category of vendor under
21 federal law and regulations; (ii) by rule or provider notice,
22 the maximum length of the conditional enrollment period for
23 each category of risk of the vendor; and (iii) by rule, the
24 hearing rights, if any, afforded to a vendor in each category
25 of risk of the vendor that is terminated or disenrolled during
26 the conditional enrollment period.

1 To be eligible for payment consideration, a vendor's
2 payment claim or bill, either as an initial claim or as a
3 resubmitted claim following prior rejection, must be received
4 by the Illinois Department, or its fiscal intermediary, no
5 later than 180 days after the latest date on the claim on which
6 medical goods or services were provided, with the following
7 exceptions:

8 (1) In the case of a provider whose enrollment is in
9 process by the Illinois Department, the 180-day period
10 shall not begin until the date on the written notice from
11 the Illinois Department that the provider enrollment is
12 complete.

13 (2) In the case of errors attributable to the Illinois
14 Department or any of its claims processing intermediaries
15 which result in an inability to receive, process, or
16 adjudicate a claim, the 180-day period shall not begin
17 until the provider has been notified of the error.

18 (3) In the case of a provider for whom the Illinois
19 Department initiates the monthly billing process.

20 (4) In the case of a provider operated by a unit of
21 local government with a population exceeding 3,000,000
22 when local government funds finance federal participation
23 for claims payments.

24 For claims for services rendered during a period for which
25 a recipient received retroactive eligibility, claims must be
26 filed within 180 days after the Department determines the

1 applicant is eligible. For claims for which the Illinois
2 Department is not the primary payer, claims must be submitted
3 to the Illinois Department within 180 days after the final
4 adjudication by the primary payer.

5 In the case of long term care facilities, within 5 days of
6 receipt by the facility of required prescreening information,
7 data for new admissions shall be entered into the Medical
8 Electronic Data Interchange (MEDI) or the Recipient
9 Eligibility Verification (REV) System or successor system, and
10 within 15 days of receipt by the facility of required
11 prescreening information, admission documents shall be
12 submitted through MEDI or REV or shall be submitted directly to
13 the Department of Human Services using required admission
14 forms. Effective September 1, 2014, admission documents,
15 including all prescreening information, must be submitted
16 through MEDI or REV. Confirmation numbers assigned to an
17 accepted transaction shall be retained by a facility to verify
18 timely submittal. Once an admission transaction has been
19 completed, all resubmitted claims following prior rejection
20 are subject to receipt no later than 180 days after the
21 admission transaction has been completed.

22 Claims that are not submitted and received in compliance
23 with the foregoing requirements shall not be eligible for
24 payment under the medical assistance program, and the State
25 shall have no liability for payment of those claims.

26 To the extent consistent with applicable information and

1 privacy, security, and disclosure laws, State and federal
2 agencies and departments shall provide the Illinois Department
3 access to confidential and other information and data necessary
4 to perform eligibility and payment verifications and other
5 Illinois Department functions. This includes, but is not
6 limited to: information pertaining to licensure;
7 certification; earnings; immigration status; citizenship; wage
8 reporting; unearned and earned income; pension income;
9 employment; supplemental security income; social security
10 numbers; National Provider Identifier (NPI) numbers; the
11 National Practitioner Data Bank (NPDB); program and agency
12 exclusions; taxpayer identification numbers; tax delinquency;
13 corporate information; and death records.

14 The Illinois Department shall enter into agreements with
15 State agencies and departments, and is authorized to enter into
16 agreements with federal agencies and departments, under which
17 such agencies and departments shall share data necessary for
18 medical assistance program integrity functions and oversight.
19 The Illinois Department shall develop, in cooperation with
20 other State departments and agencies, and in compliance with
21 applicable federal laws and regulations, appropriate and
22 effective methods to share such data. At a minimum, and to the
23 extent necessary to provide data sharing, the Illinois
24 Department shall enter into agreements with State agencies and
25 departments, and is authorized to enter into agreements with
26 federal agencies and departments, including but not limited to:

1 the Secretary of State; the Department of Revenue; the
2 Department of Public Health; the Department of Human Services;
3 and the Department of Financial and Professional Regulation.

4 Beginning in fiscal year 2013, the Illinois Department
5 shall set forth a request for information to identify the
6 benefits of a pre-payment, post-adjudication, and post-edit
7 claims system with the goals of streamlining claims processing
8 and provider reimbursement, reducing the number of pending or
9 rejected claims, and helping to ensure a more transparent
10 adjudication process through the utilization of: (i) provider
11 data verification and provider screening technology; and (ii)
12 clinical code editing; and (iii) pre-pay, pre- or
13 post-adjudicated predictive modeling with an integrated case
14 management system with link analysis. Such a request for
15 information shall not be considered as a request for proposal
16 or as an obligation on the part of the Illinois Department to
17 take any action or acquire any products or services.

18 The Illinois Department shall establish policies,
19 procedures, standards and criteria by rule for the acquisition,
20 repair and replacement of orthotic and prosthetic devices and
21 durable medical equipment. Such rules shall provide, but not be
22 limited to, the following services: (1) immediate repair or
23 replacement of such devices by recipients; and (2) rental,
24 lease, purchase or lease-purchase of durable medical equipment
25 in a cost-effective manner, taking into consideration the
26 recipient's medical prognosis, the extent of the recipient's

1 needs, and the requirements and costs for maintaining such
2 equipment. Subject to prior approval, such rules shall enable a
3 recipient to temporarily acquire and use alternative or
4 substitute devices or equipment pending repairs or
5 replacements of any device or equipment previously authorized
6 for such recipient by the Department.

7 The Department shall execute, relative to the nursing home
8 prescreening project, written inter-agency agreements with the
9 Department of Human Services and the Department on Aging, to
10 effect the following: (i) intake procedures and common
11 eligibility criteria for those persons who are receiving
12 non-institutional services; and (ii) the establishment and
13 development of non-institutional services in areas of the State
14 where they are not currently available or are undeveloped; and
15 (iii) notwithstanding any other provision of law, subject to
16 federal approval, on and after July 1, 2012, an increase in the
17 determination of need (DON) scores from 29 to 37 for applicants
18 for institutional and home and community-based long term care;
19 if and only if federal approval is not granted, the Department
20 may, in conjunction with other affected agencies, implement
21 utilization controls or changes in benefit packages to
22 effectuate a similar savings amount for this population; and
23 (iv) no later than July 1, 2013, minimum level of care
24 eligibility criteria for institutional and home and
25 community-based long term care; and (v) no later than October
26 1, 2013, establish procedures to permit long term care

1 providers access to eligibility scores for individuals with an
2 admission date who are seeking or receiving services from the
3 long term care provider. In order to select the minimum level
4 of care eligibility criteria, the Governor shall establish a
5 workgroup that includes affected agency representatives and
6 stakeholders representing the institutional and home and
7 community-based long term care interests. This Section shall
8 not restrict the Department from implementing lower level of
9 care eligibility criteria for community-based services in
10 circumstances where federal approval has been granted.

11 The Illinois Department shall develop and operate, in
12 cooperation with other State Departments and agencies and in
13 compliance with applicable federal laws and regulations,
14 appropriate and effective systems of health care evaluation and
15 programs for monitoring of utilization of health care services
16 and facilities, as it affects persons eligible for medical
17 assistance under this Code.

18 The Illinois Department shall report annually to the
19 General Assembly, no later than the second Friday in April of
20 1979 and each year thereafter, in regard to:

21 (a) actual statistics and trends in utilization of
22 medical services by public aid recipients;

23 (b) actual statistics and trends in the provision of
24 the various medical services by medical vendors;

25 (c) current rate structures and proposed changes in
26 those rate structures for the various medical vendors; and

1 (d) efforts at utilization review and control by the
2 Illinois Department.

3 The period covered by each report shall be the 3 years
4 ending on the June 30 prior to the report. The report shall
5 include suggested legislation for consideration by the General
6 Assembly. The filing of one copy of the report with the
7 Speaker, one copy with the Minority Leader and one copy with
8 the Clerk of the House of Representatives, one copy with the
9 President, one copy with the Minority Leader and one copy with
10 the Secretary of the Senate, one copy with the Legislative
11 Research Unit, and such additional copies with the State
12 Government Report Distribution Center for the General Assembly
13 as is required under paragraph (t) of Section 7 of the State
14 Library Act shall be deemed sufficient to comply with this
15 Section.

16 Rulemaking authority to implement Public Act 95-1045, if
17 any, is conditioned on the rules being adopted in accordance
18 with all provisions of the Illinois Administrative Procedure
19 Act and all rules and procedures of the Joint Committee on
20 Administrative Rules; any purported rule not so adopted, for
21 whatever reason, is unauthorized.

22 On and after July 1, 2012, the Department shall reduce any
23 rate of reimbursement for services or other payments or alter
24 any methodologies authorized by this Code to reduce any rate of
25 reimbursement for services or other payments in accordance with
26 Section 5-5e.

1 Because kidney transplantation can be an appropriate, cost
2 effective alternative to renal dialysis when medically
3 necessary and notwithstanding the provisions of Section 1-11 of
4 this Code, beginning October 1, 2014, the Department shall
5 cover kidney transplantation for noncitizens with end-stage
6 renal disease who are not eligible for comprehensive medical
7 benefits, who meet the residency requirements of Section 5-3 of
8 this Code, and who would otherwise meet the financial
9 requirements of the appropriate class of eligible persons under
10 Section 5-2 of this Code. To qualify for coverage of kidney
11 transplantation, such person must be receiving emergency renal
12 dialysis services covered by the Department. Providers under
13 this Section shall be prior approved and certified by the
14 Department to perform kidney transplantation and the services
15 under this Section shall be limited to services associated with
16 kidney transplantation.

17 Notwithstanding any other provision of this Code to the
18 contrary, on or after July 1, 2015, all FDA approved forms of
19 medication assisted treatment prescribed for the treatment of
20 alcohol dependence or treatment of opioid dependence shall be
21 covered under both fee for service and managed care medical
22 assistance programs for persons who are otherwise eligible for
23 medical assistance under this Article and shall not be subject
24 to any (1) utilization control, other than those established
25 under the American Society of Addiction Medicine patient
26 placement criteria, (2) prior authorization mandate, or (3)

1 lifetime restriction limit mandate.

2 On or after July 1, 2015, opioid antagonists prescribed for
3 the treatment of an opioid overdose, including the medication
4 product, administration devices, and any pharmacy fees related
5 to the dispensing and administration of the opioid antagonist,
6 shall be covered under the medical assistance program for
7 persons who are otherwise eligible for medical assistance under
8 this Article. As used in this Section, "opioid antagonist"
9 means a drug that binds to opioid receptors and blocks or
10 inhibits the effect of opioids acting on those receptors,
11 including, but not limited to, naloxone hydrochloride or any
12 other similarly acting drug approved by the U.S. Food and Drug
13 Administration.

14 (Source: P.A. 98-104, Article 9, Section 9-5, eff. 7-22-13;
15 98-104, Article 12, Section 12-20, eff. 7-22-13; 98-303, eff.
16 8-9-13; 98-463, eff. 8-16-13; 98-651, eff. 6-16-14; 98-756,
17 eff. 7-16-14; 98-963, eff. 8-15-14; 99-78, eff. 7-20-15;
18 99-180, eff. 7-29-15; 99-236, eff. 8-3-15; 99-433, eff.
19 8-21-15; 99-480, eff. 9-9-15; revised 10-13-15.)

20 (Text of Section after amendment by P.A. 99-407)

21 Sec. 5-5. Medical services. The Illinois Department, by
22 rule, shall determine the quantity and quality of and the rate
23 of reimbursement for the medical assistance for which payment
24 will be authorized, and the medical services to be provided,
25 which may include all or part of the following: (1) inpatient

1 hospital services; (2) outpatient hospital services; (3) other
2 laboratory and X-ray services; (4) skilled nursing home
3 services; (5) physicians' services whether furnished in the
4 office, the patient's home, a hospital, a skilled nursing home,
5 or elsewhere; (6) medical care, or any other type of remedial
6 care furnished by licensed practitioners, including the
7 services of licensed certified professional midwives pursuant
8 to the Home Birth Safety Act; (7) home health care services;
9 (8) private duty nursing service; (9) clinic services; (10)
10 dental services, including prevention and treatment of
11 periodontal disease and dental caries disease for pregnant
12 women, provided by an individual licensed to practice dentistry
13 or dental surgery; for purposes of this item (10), "dental
14 services" means diagnostic, preventive, or corrective
15 procedures provided by or under the supervision of a dentist in
16 the practice of his or her profession; (11) physical therapy
17 and related services; (12) prescribed drugs, dentures, and
18 prosthetic devices; and eyeglasses prescribed by a physician
19 skilled in the diseases of the eye, or by an optometrist,
20 whichever the person may select; (13) other diagnostic,
21 screening, preventive, and rehabilitative services, including
22 to ensure that the individual's need for intervention or
23 treatment of mental disorders or substance use disorders or
24 co-occurring mental health and substance use disorders is
25 determined using a uniform screening, assessment, and
26 evaluation process inclusive of criteria, for children and

1 adults; for purposes of this item (13), a uniform screening,
2 assessment, and evaluation process refers to a process that
3 includes an appropriate evaluation and, as warranted, a
4 referral; "uniform" does not mean the use of a singular
5 instrument, tool, or process that all must utilize; (14)
6 transportation and such other expenses as may be necessary;
7 (15) medical treatment of sexual assault survivors, as defined
8 in Section 1a of the Sexual Assault Survivors Emergency
9 Treatment Act, for injuries sustained as a result of the sexual
10 assault, including examinations and laboratory tests to
11 discover evidence which may be used in criminal proceedings
12 arising from the sexual assault; (16) the diagnosis and
13 treatment of sickle cell anemia; and (17) any other medical
14 care, and any other type of remedial care recognized under the
15 laws of this State, but not including abortions, or induced
16 miscarriages or premature births, unless, in the opinion of a
17 physician, such procedures are necessary for the preservation
18 of the life of the woman seeking such treatment, or except an
19 induced premature birth intended to produce a live viable child
20 and such procedure is necessary for the health of the mother or
21 her unborn child. The Illinois Department, by rule, shall
22 prohibit any physician from providing medical assistance to
23 anyone eligible therefor under this Code where such physician
24 has been found guilty of performing an abortion procedure in a
25 wilful and wanton manner upon a woman who was not pregnant at
26 the time such abortion procedure was performed. The term "any

1 other type of remedial care" shall include nursing care and
2 nursing home service for persons who rely on treatment by
3 spiritual means alone through prayer for healing.

4 Notwithstanding any other provision of this Section, a
5 comprehensive tobacco use cessation program that includes
6 purchasing prescription drugs or prescription medical devices
7 approved by the Food and Drug Administration shall be covered
8 under the medical assistance program under this Article for
9 persons who are otherwise eligible for assistance under this
10 Article.

11 Notwithstanding any other provision of this Code, the
12 Illinois Department may not require, as a condition of payment
13 for any laboratory test authorized under this Article, that a
14 physician's handwritten signature appear on the laboratory
15 test order form. The Illinois Department may, however, impose
16 other appropriate requirements regarding laboratory test order
17 documentation.

18 Upon receipt of federal approval of an amendment to the
19 Illinois Title XIX State Plan for this purpose, the Department
20 shall authorize the Chicago Public Schools (CPS) to procure a
21 vendor or vendors to manufacture eyeglasses for individuals
22 enrolled in a school within the CPS system. CPS shall ensure
23 that its vendor or vendors are enrolled as providers in the
24 medical assistance program and in any capitated Medicaid
25 managed care entity (MCE) serving individuals enrolled in a
26 school within the CPS system. Under any contract procured under

1 this provision, the vendor or vendors must serve only
2 individuals enrolled in a school within the CPS system. Claims
3 for services provided by CPS's vendor or vendors to recipients
4 of benefits in the medical assistance program under this Code,
5 the Children's Health Insurance Program, or the Covering ALL
6 KIDS Health Insurance Program shall be submitted to the
7 Department or the MCE in which the individual is enrolled for
8 payment and shall be reimbursed at the Department's or the
9 MCE's established rates or rate methodologies for eyeglasses.

10 On and after July 1, 2012, the Department of Healthcare and
11 Family Services may provide the following services to persons
12 eligible for assistance under this Article who are
13 participating in education, training or employment programs
14 operated by the Department of Human Services as successor to
15 the Department of Public Aid:

16 (1) dental services provided by or under the
17 supervision of a dentist; and

18 (2) eyeglasses prescribed by a physician skilled in the
19 diseases of the eye, or by an optometrist, whichever the
20 person may select.

21 Notwithstanding any other provision of this Code and
22 subject to federal approval, the Department may adopt rules to
23 allow a dentist who is volunteering his or her service at no
24 cost to render dental services through an enrolled
25 not-for-profit health clinic without the dentist personally
26 enrolling as a participating provider in the medical assistance

1 program. A not-for-profit health clinic shall include a public
2 health clinic or Federally Qualified Health Center or other
3 enrolled provider, as determined by the Department, through
4 which dental services covered under this Section are performed.
5 The Department shall establish a process for payment of claims
6 for reimbursement for covered dental services rendered under
7 this provision.

8 The Illinois Department, by rule, may distinguish and
9 classify the medical services to be provided only in accordance
10 with the classes of persons designated in Section 5-2.

11 The Department of Healthcare and Family Services must
12 provide coverage and reimbursement for amino acid-based
13 elemental formulas, regardless of delivery method, for the
14 diagnosis and treatment of (i) eosinophilic disorders and (ii)
15 short bowel syndrome when the prescribing physician has issued
16 a written order stating that the amino acid-based elemental
17 formula is medically necessary.

18 The Illinois Department shall authorize the provision of,
19 and shall authorize payment for, screening by low-dose
20 mammography for the presence of occult breast cancer for women
21 35 years of age or older who are eligible for medical
22 assistance under this Article, as follows:

23 (A) A baseline mammogram for women 35 to 39 years of
24 age.

25 (B) An annual mammogram for women 40 years of age or
26 older.

1 (C) A mammogram at the age and intervals considered
2 medically necessary by the woman's health care provider for
3 women under 40 years of age and having a family history of
4 breast cancer, prior personal history of breast cancer,
5 positive genetic testing, or other risk factors.

6 (D) A comprehensive ultrasound screening of an entire
7 breast or breasts if a mammogram demonstrates
8 heterogeneous or dense breast tissue, when medically
9 necessary as determined by a physician licensed to practice
10 medicine in all of its branches.

11 (E) A screening MRI when medically necessary, as
12 determined by a physician licensed to practice medicine in
13 all of its branches.

14 All screenings shall include a physical breast exam,
15 instruction on self-examination and information regarding the
16 frequency of self-examination and its value as a preventative
17 tool. For purposes of this Section, "low-dose mammography"
18 means the x-ray examination of the breast using equipment
19 dedicated specifically for mammography, including the x-ray
20 tube, filter, compression device, and image receptor, with an
21 average radiation exposure delivery of less than one rad per
22 breast for 2 views of an average size breast. The term also
23 includes digital mammography and includes breast
24 tomosynthesis. As used in this Section, the term "breast
25 tomosynthesis" means a radiologic procedure that involves the
26 acquisition of projection images over the stationary breast to

1 produce cross-sectional digital three-dimensional images of
2 the breast.

3 On and after January 1, 2016, the Department shall ensure
4 that all networks of care for adult clients of the Department
5 include access to at least one breast imaging Center of Imaging
6 Excellence as certified by the American College of Radiology.

7 On and after January 1, 2012, providers participating in a
8 quality improvement program approved by the Department shall be
9 reimbursed for screening and diagnostic mammography at the same
10 rate as the Medicare program's rates, including the increased
11 reimbursement for digital mammography.

12 The Department shall convene an expert panel including
13 representatives of hospitals, free-standing mammography
14 facilities, and doctors, including radiologists, to establish
15 quality standards for mammography.

16 On and after January 1, 2017, providers participating in a
17 breast cancer treatment quality improvement program approved
18 by the Department shall be reimbursed for breast cancer
19 treatment at a rate that is no lower than 95% of the Medicare
20 program's rates for the data elements included in the breast
21 cancer treatment quality program.

22 The Department shall convene an expert panel, including
23 representatives of hospitals, free standing breast cancer
24 treatment centers, breast cancer quality organizations, and
25 doctors, including breast surgeons, reconstructive breast
26 surgeons, oncologists, and primary care providers to establish

1 quality standards for breast cancer treatment.

2 Subject to federal approval, the Department shall
3 establish a rate methodology for mammography at federally
4 qualified health centers and other encounter-rate clinics.
5 These clinics or centers may also collaborate with other
6 hospital-based mammography facilities. By January 1, 2016, the
7 Department shall report to the General Assembly on the status
8 of the provision set forth in this paragraph.

9 The Department shall establish a methodology to remind
10 women who are age-appropriate for screening mammography, but
11 who have not received a mammogram within the previous 18
12 months, of the importance and benefit of screening mammography.
13 The Department shall work with experts in breast cancer
14 outreach and patient navigation to optimize these reminders and
15 shall establish a methodology for evaluating their
16 effectiveness and modifying the methodology based on the
17 evaluation.

18 The Department shall establish a performance goal for
19 primary care providers with respect to their female patients
20 over age 40 receiving an annual mammogram. This performance
21 goal shall be used to provide additional reimbursement in the
22 form of a quality performance bonus to primary care providers
23 who meet that goal.

24 The Department shall devise a means of case-managing or
25 patient navigation for beneficiaries diagnosed with breast
26 cancer. This program shall initially operate as a pilot program

1 in areas of the State with the highest incidence of mortality
2 related to breast cancer. At least one pilot program site shall
3 be in the metropolitan Chicago area and at least one site shall
4 be outside the metropolitan Chicago area. On or after July 1,
5 2016, the pilot program shall be expanded to include one site
6 in western Illinois, one site in southern Illinois, one site in
7 central Illinois, and 4 sites within metropolitan Chicago. An
8 evaluation of the pilot program shall be carried out measuring
9 health outcomes and cost of care for those served by the pilot
10 program compared to similarly situated patients who are not
11 served by the pilot program.

12 The Department shall require all networks of care to
13 develop a means either internally or by contract with experts
14 in navigation and community outreach to navigate cancer
15 patients to comprehensive care in a timely fashion. The
16 Department shall require all networks of care to include access
17 for patients diagnosed with cancer to at least one academic
18 commission on cancer-accredited cancer program as an
19 in-network covered benefit.

20 Any medical or health care provider shall immediately
21 recommend, to any pregnant woman who is being provided prenatal
22 services and is suspected of drug abuse or is addicted as
23 defined in the Alcoholism and Other Drug Abuse and Dependency
24 Act, referral to a local substance abuse treatment provider
25 licensed by the Department of Human Services or to a licensed
26 hospital which provides substance abuse treatment services.

1 The Department of Healthcare and Family Services shall assure
2 coverage for the cost of treatment of the drug abuse or
3 addiction for pregnant recipients in accordance with the
4 Illinois Medicaid Program in conjunction with the Department of
5 Human Services.

6 All medical providers providing medical assistance to
7 pregnant women under this Code shall receive information from
8 the Department on the availability of services under the Drug
9 Free Families with a Future or any comparable program providing
10 case management services for addicted women, including
11 information on appropriate referrals for other social services
12 that may be needed by addicted women in addition to treatment
13 for addiction.

14 The Illinois Department, in cooperation with the
15 Departments of Human Services (as successor to the Department
16 of Alcoholism and Substance Abuse) and Public Health, through a
17 public awareness campaign, may provide information concerning
18 treatment for alcoholism and drug abuse and addiction, prenatal
19 health care, and other pertinent programs directed at reducing
20 the number of drug-affected infants born to recipients of
21 medical assistance.

22 Neither the Department of Healthcare and Family Services
23 nor the Department of Human Services shall sanction the
24 recipient solely on the basis of her substance abuse.

25 The Illinois Department shall establish such regulations
26 governing the dispensing of health services under this Article

1 as it shall deem appropriate. The Department should seek the
2 advice of formal professional advisory committees appointed by
3 the Director of the Illinois Department for the purpose of
4 providing regular advice on policy and administrative matters,
5 information dissemination and educational activities for
6 medical and health care providers, and consistency in
7 procedures to the Illinois Department.

8 The Illinois Department may develop and contract with
9 Partnerships of medical providers to arrange medical services
10 for persons eligible under Section 5-2 of this Code.
11 Implementation of this Section may be by demonstration projects
12 in certain geographic areas. The Partnership shall be
13 represented by a sponsor organization. The Department, by rule,
14 shall develop qualifications for sponsors of Partnerships.
15 Nothing in this Section shall be construed to require that the
16 sponsor organization be a medical organization.

17 The sponsor must negotiate formal written contracts with
18 medical providers for physician services, inpatient and
19 outpatient hospital care, home health services, treatment for
20 alcoholism and substance abuse, and other services determined
21 necessary by the Illinois Department by rule for delivery by
22 Partnerships. Physician services must include prenatal and
23 obstetrical care. The Illinois Department shall reimburse
24 medical services delivered by Partnership providers to clients
25 in target areas according to provisions of this Article and the
26 Illinois Health Finance Reform Act, except that:

1 (1) Physicians participating in a Partnership and
2 providing certain services, which shall be determined by
3 the Illinois Department, to persons in areas covered by the
4 Partnership may receive an additional surcharge for such
5 services.

6 (2) The Department may elect to consider and negotiate
7 financial incentives to encourage the development of
8 Partnerships and the efficient delivery of medical care.

9 (3) Persons receiving medical services through
10 Partnerships may receive medical and case management
11 services above the level usually offered through the
12 medical assistance program.

13 Medical providers shall be required to meet certain
14 qualifications to participate in Partnerships to ensure the
15 delivery of high quality medical services. These
16 qualifications shall be determined by rule of the Illinois
17 Department and may be higher than qualifications for
18 participation in the medical assistance program. Partnership
19 sponsors may prescribe reasonable additional qualifications
20 for participation by medical providers, only with the prior
21 written approval of the Illinois Department.

22 Nothing in this Section shall limit the free choice of
23 practitioners, hospitals, and other providers of medical
24 services by clients. In order to ensure patient freedom of
25 choice, the Illinois Department shall immediately promulgate
26 all rules and take all other necessary actions so that provided

1 services may be accessed from therapeutically certified
2 optometrists to the full extent of the Illinois Optometric
3 Practice Act of 1987 without discriminating between service
4 providers.

5 The Department shall apply for a waiver from the United
6 States Health Care Financing Administration to allow for the
7 implementation of Partnerships under this Section.

8 The Illinois Department shall require health care
9 providers to maintain records that document the medical care
10 and services provided to recipients of Medical Assistance under
11 this Article. Such records must be retained for a period of not
12 less than 6 years from the date of service or as provided by
13 applicable State law, whichever period is longer, except that
14 if an audit is initiated within the required retention period
15 then the records must be retained until the audit is completed
16 and every exception is resolved. The Illinois Department shall
17 require health care providers to make available, when
18 authorized by the patient, in writing, the medical records in a
19 timely fashion to other health care providers who are treating
20 or serving persons eligible for Medical Assistance under this
21 Article. All dispensers of medical services shall be required
22 to maintain and retain business and professional records
23 sufficient to fully and accurately document the nature, scope,
24 details and receipt of the health care provided to persons
25 eligible for medical assistance under this Code, in accordance
26 with regulations promulgated by the Illinois Department. The

1 rules and regulations shall require that proof of the receipt
2 of prescription drugs, dentures, prosthetic devices and
3 eyeglasses by eligible persons under this Section accompany
4 each claim for reimbursement submitted by the dispenser of such
5 medical services. No such claims for reimbursement shall be
6 approved for payment by the Illinois Department without such
7 proof of receipt, unless the Illinois Department shall have put
8 into effect and shall be operating a system of post-payment
9 audit and review which shall, on a sampling basis, be deemed
10 adequate by the Illinois Department to assure that such drugs,
11 dentures, prosthetic devices and eyeglasses for which payment
12 is being made are actually being received by eligible
13 recipients. Within 90 days after September 16, 1984 (the
14 effective date of Public Act 83-1439) ~~this amendatory Act of~~
15 ~~1984~~, the Illinois Department shall establish a current list of
16 acquisition costs for all prosthetic devices and any other
17 items recognized as medical equipment and supplies
18 reimbursable under this Article and shall update such list on a
19 quarterly basis, except that the acquisition costs of all
20 prescription drugs shall be updated no less frequently than
21 every 30 days as required by Section 5-5.12.

22 The rules and regulations of the Illinois Department shall
23 require that a written statement including the required opinion
24 of a physician shall accompany any claim for reimbursement for
25 abortions, or induced miscarriages or premature births. This
26 statement shall indicate what procedures were used in providing

1 such medical services.

2 Notwithstanding any other law to the contrary, the Illinois
3 Department shall, within 365 days after July 22, 2013 (the
4 effective date of Public Act 98-104), establish procedures to
5 permit skilled care facilities licensed under the Nursing Home
6 Care Act to submit monthly billing claims for reimbursement
7 purposes. Following development of these procedures, the
8 Department shall, by July 1, 2016, test the viability of the
9 new system and implement any necessary operational or
10 structural changes to its information technology platforms in
11 order to allow for the direct acceptance and payment of nursing
12 home claims.

13 Notwithstanding any other law to the contrary, the Illinois
14 Department shall, within 365 days after August 15, 2014 (the
15 effective date of Public Act 98-963), establish procedures to
16 permit ID/DD facilities licensed under the ID/DD Community Care
17 Act and MC/DD facilities licensed under the MC/DD Act to submit
18 monthly billing claims for reimbursement purposes. Following
19 development of these procedures, the Department shall have an
20 additional 365 days to test the viability of the new system and
21 to ensure that any necessary operational or structural changes
22 to its information technology platforms are implemented.

23 The Illinois Department shall require all dispensers of
24 medical services, other than an individual practitioner or
25 group of practitioners, desiring to participate in the Medical
26 Assistance program established under this Article to disclose

1 all financial, beneficial, ownership, equity, surety or other
2 interests in any and all firms, corporations, partnerships,
3 associations, business enterprises, joint ventures, agencies,
4 institutions or other legal entities providing any form of
5 health care services in this State under this Article.

6 The Illinois Department may require that all dispensers of
7 medical services desiring to participate in the medical
8 assistance program established under this Article disclose,
9 under such terms and conditions as the Illinois Department may
10 by rule establish, all inquiries from clients and attorneys
11 regarding medical bills paid by the Illinois Department, which
12 inquiries could indicate potential existence of claims or liens
13 for the Illinois Department.

14 Enrollment of a vendor shall be subject to a provisional
15 period and shall be conditional for one year. During the period
16 of conditional enrollment, the Department may terminate the
17 vendor's eligibility to participate in, or may disenroll the
18 vendor from, the medical assistance program without cause.
19 Unless otherwise specified, such termination of eligibility or
20 disenrollment is not subject to the Department's hearing
21 process. However, a disenrolled vendor may reapply without
22 penalty.

23 The Department has the discretion to limit the conditional
24 enrollment period for vendors based upon category of risk of
25 the vendor.

26 Prior to enrollment and during the conditional enrollment

1 period in the medical assistance program, all vendors shall be
2 subject to enhanced oversight, screening, and review based on
3 the risk of fraud, waste, and abuse that is posed by the
4 category of risk of the vendor. The Illinois Department shall
5 establish the procedures for oversight, screening, and review,
6 which may include, but need not be limited to: criminal and
7 financial background checks; fingerprinting; license,
8 certification, and authorization verifications; unscheduled or
9 unannounced site visits; database checks; prepayment audit
10 reviews; audits; payment caps; payment suspensions; and other
11 screening as required by federal or State law.

12 The Department shall define or specify the following: (i)
13 by provider notice, the "category of risk of the vendor" for
14 each type of vendor, which shall take into account the level of
15 screening applicable to a particular category of vendor under
16 federal law and regulations; (ii) by rule or provider notice,
17 the maximum length of the conditional enrollment period for
18 each category of risk of the vendor; and (iii) by rule, the
19 hearing rights, if any, afforded to a vendor in each category
20 of risk of the vendor that is terminated or disenrolled during
21 the conditional enrollment period.

22 To be eligible for payment consideration, a vendor's
23 payment claim or bill, either as an initial claim or as a
24 resubmitted claim following prior rejection, must be received
25 by the Illinois Department, or its fiscal intermediary, no
26 later than 180 days after the latest date on the claim on which

1 medical goods or services were provided, with the following
2 exceptions:

3 (1) In the case of a provider whose enrollment is in
4 process by the Illinois Department, the 180-day period
5 shall not begin until the date on the written notice from
6 the Illinois Department that the provider enrollment is
7 complete.

8 (2) In the case of errors attributable to the Illinois
9 Department or any of its claims processing intermediaries
10 which result in an inability to receive, process, or
11 adjudicate a claim, the 180-day period shall not begin
12 until the provider has been notified of the error.

13 (3) In the case of a provider for whom the Illinois
14 Department initiates the monthly billing process.

15 (4) In the case of a provider operated by a unit of
16 local government with a population exceeding 3,000,000
17 when local government funds finance federal participation
18 for claims payments.

19 For claims for services rendered during a period for which
20 a recipient received retroactive eligibility, claims must be
21 filed within 180 days after the Department determines the
22 applicant is eligible. For claims for which the Illinois
23 Department is not the primary payer, claims must be submitted
24 to the Illinois Department within 180 days after the final
25 adjudication by the primary payer.

26 In the case of long term care facilities, within 5 days of

1 receipt by the facility of required prescreening information,
2 data for new admissions shall be entered into the Medical
3 Electronic Data Interchange (MEDI) or the Recipient
4 Eligibility Verification (REV) System or successor system, and
5 within 15 days of receipt by the facility of required
6 prescreening information, admission documents shall be
7 submitted through MEDI or REV or shall be submitted directly to
8 the Department of Human Services using required admission
9 forms. Effective September 1, 2014, admission documents,
10 including all prescreening information, must be submitted
11 through MEDI or REV. Confirmation numbers assigned to an
12 accepted transaction shall be retained by a facility to verify
13 timely submittal. Once an admission transaction has been
14 completed, all resubmitted claims following prior rejection
15 are subject to receipt no later than 180 days after the
16 admission transaction has been completed.

17 Claims that are not submitted and received in compliance
18 with the foregoing requirements shall not be eligible for
19 payment under the medical assistance program, and the State
20 shall have no liability for payment of those claims.

21 To the extent consistent with applicable information and
22 privacy, security, and disclosure laws, State and federal
23 agencies and departments shall provide the Illinois Department
24 access to confidential and other information and data necessary
25 to perform eligibility and payment verifications and other
26 Illinois Department functions. This includes, but is not

1 limited to: information pertaining to licensure;
2 certification; earnings; immigration status; citizenship; wage
3 reporting; unearned and earned income; pension income;
4 employment; supplemental security income; social security
5 numbers; National Provider Identifier (NPI) numbers; the
6 National Practitioner Data Bank (NPDB); program and agency
7 exclusions; taxpayer identification numbers; tax delinquency;
8 corporate information; and death records.

9 The Illinois Department shall enter into agreements with
10 State agencies and departments, and is authorized to enter into
11 agreements with federal agencies and departments, under which
12 such agencies and departments shall share data necessary for
13 medical assistance program integrity functions and oversight.
14 The Illinois Department shall develop, in cooperation with
15 other State departments and agencies, and in compliance with
16 applicable federal laws and regulations, appropriate and
17 effective methods to share such data. At a minimum, and to the
18 extent necessary to provide data sharing, the Illinois
19 Department shall enter into agreements with State agencies and
20 departments, and is authorized to enter into agreements with
21 federal agencies and departments, including but not limited to:
22 the Secretary of State; the Department of Revenue; the
23 Department of Public Health; the Department of Human Services;
24 and the Department of Financial and Professional Regulation.

25 Beginning in fiscal year 2013, the Illinois Department
26 shall set forth a request for information to identify the

1 benefits of a pre-payment, post-adjudication, and post-edit
2 claims system with the goals of streamlining claims processing
3 and provider reimbursement, reducing the number of pending or
4 rejected claims, and helping to ensure a more transparent
5 adjudication process through the utilization of: (i) provider
6 data verification and provider screening technology; and (ii)
7 clinical code editing; and (iii) pre-pay, pre- or
8 post-adjudicated predictive modeling with an integrated case
9 management system with link analysis. Such a request for
10 information shall not be considered as a request for proposal
11 or as an obligation on the part of the Illinois Department to
12 take any action or acquire any products or services.

13 The Illinois Department shall establish policies,
14 procedures, standards and criteria by rule for the acquisition,
15 repair and replacement of orthotic and prosthetic devices and
16 durable medical equipment. Such rules shall provide, but not be
17 limited to, the following services: (1) immediate repair or
18 replacement of such devices by recipients; and (2) rental,
19 lease, purchase or lease-purchase of durable medical equipment
20 in a cost-effective manner, taking into consideration the
21 recipient's medical prognosis, the extent of the recipient's
22 needs, and the requirements and costs for maintaining such
23 equipment. Subject to prior approval, such rules shall enable a
24 recipient to temporarily acquire and use alternative or
25 substitute devices or equipment pending repairs or
26 replacements of any device or equipment previously authorized

1 for such recipient by the Department.

2 The Department shall execute, relative to the nursing home
3 prescreening project, written inter-agency agreements with the
4 Department of Human Services and the Department on Aging, to
5 effect the following: (i) intake procedures and common
6 eligibility criteria for those persons who are receiving
7 non-institutional services; and (ii) the establishment and
8 development of non-institutional services in areas of the State
9 where they are not currently available or are undeveloped; and
10 (iii) notwithstanding any other provision of law, subject to
11 federal approval, on and after July 1, 2012, an increase in the
12 determination of need (DON) scores from 29 to 37 for applicants
13 for institutional and home and community-based long term care;
14 if and only if federal approval is not granted, the Department
15 may, in conjunction with other affected agencies, implement
16 utilization controls or changes in benefit packages to
17 effectuate a similar savings amount for this population; and
18 (iv) no later than July 1, 2013, minimum level of care
19 eligibility criteria for institutional and home and
20 community-based long term care; and (v) no later than October
21 1, 2013, establish procedures to permit long term care
22 providers access to eligibility scores for individuals with an
23 admission date who are seeking or receiving services from the
24 long term care provider. In order to select the minimum level
25 of care eligibility criteria, the Governor shall establish a
26 workgroup that includes affected agency representatives and

1 stakeholders representing the institutional and home and
2 community-based long term care interests. This Section shall
3 not restrict the Department from implementing lower level of
4 care eligibility criteria for community-based services in
5 circumstances where federal approval has been granted.

6 The Illinois Department shall develop and operate, in
7 cooperation with other State Departments and agencies and in
8 compliance with applicable federal laws and regulations,
9 appropriate and effective systems of health care evaluation and
10 programs for monitoring of utilization of health care services
11 and facilities, as it affects persons eligible for medical
12 assistance under this Code.

13 The Illinois Department shall report annually to the
14 General Assembly, no later than the second Friday in April of
15 1979 and each year thereafter, in regard to:

16 (a) actual statistics and trends in utilization of
17 medical services by public aid recipients;

18 (b) actual statistics and trends in the provision of
19 the various medical services by medical vendors;

20 (c) current rate structures and proposed changes in
21 those rate structures for the various medical vendors; and

22 (d) efforts at utilization review and control by the
23 Illinois Department.

24 The period covered by each report shall be the 3 years
25 ending on the June 30 prior to the report. The report shall
26 include suggested legislation for consideration by the General

1 Assembly. The filing of one copy of the report with the
2 Speaker, one copy with the Minority Leader and one copy with
3 the Clerk of the House of Representatives, one copy with the
4 President, one copy with the Minority Leader and one copy with
5 the Secretary of the Senate, one copy with the Legislative
6 Research Unit, and such additional copies with the State
7 Government Report Distribution Center for the General Assembly
8 as is required under paragraph (t) of Section 7 of the State
9 Library Act shall be deemed sufficient to comply with this
10 Section.

11 Rulemaking authority to implement Public Act 95-1045, if
12 any, is conditioned on the rules being adopted in accordance
13 with all provisions of the Illinois Administrative Procedure
14 Act and all rules and procedures of the Joint Committee on
15 Administrative Rules; any purported rule not so adopted, for
16 whatever reason, is unauthorized.

17 On and after July 1, 2012, the Department shall reduce any
18 rate of reimbursement for services or other payments or alter
19 any methodologies authorized by this Code to reduce any rate of
20 reimbursement for services or other payments in accordance with
21 Section 5-5e.

22 Because kidney transplantation can be an appropriate, cost
23 effective alternative to renal dialysis when medically
24 necessary and notwithstanding the provisions of Section 1-11 of
25 this Code, beginning October 1, 2014, the Department shall
26 cover kidney transplantation for noncitizens with end-stage

1 renal disease who are not eligible for comprehensive medical
2 benefits, who meet the residency requirements of Section 5-3 of
3 this Code, and who would otherwise meet the financial
4 requirements of the appropriate class of eligible persons under
5 Section 5-2 of this Code. To qualify for coverage of kidney
6 transplantation, such person must be receiving emergency renal
7 dialysis services covered by the Department. Providers under
8 this Section shall be prior approved and certified by the
9 Department to perform kidney transplantation and the services
10 under this Section shall be limited to services associated with
11 kidney transplantation.

12 Notwithstanding any other provision of this Code to the
13 contrary, on or after July 1, 2015, all FDA approved forms of
14 medication assisted treatment prescribed for the treatment of
15 alcohol dependence or treatment of opioid dependence shall be
16 covered under both fee for service and managed care medical
17 assistance programs for persons who are otherwise eligible for
18 medical assistance under this Article and shall not be subject
19 to any (1) utilization control, other than those established
20 under the American Society of Addiction Medicine patient
21 placement criteria, (2) prior authorization mandate, or (3)
22 lifetime restriction limit mandate.

23 On or after July 1, 2015, opioid antagonists prescribed for
24 the treatment of an opioid overdose, including the medication
25 product, administration devices, and any pharmacy fees related
26 to the dispensing and administration of the opioid antagonist,

1 shall be covered under the medical assistance program for
2 persons who are otherwise eligible for medical assistance under
3 this Article. As used in this Section, "opioid antagonist"
4 means a drug that binds to opioid receptors and blocks or
5 inhibits the effect of opioids acting on those receptors,
6 including, but not limited to, naloxone hydrochloride or any
7 other similarly acting drug approved by the U.S. Food and Drug
8 Administration.

9 (Source: P.A. 98-104, Article 9, Section 9-5, eff. 7-22-13;
10 98-104, Article 12, Section 12-20, eff. 7-22-13; 98-303, eff.
11 8-9-13; 98-463, eff. 8-16-13; 98-651, eff. 6-16-14; 98-756,
12 eff. 7-16-14; 98-963, eff. 8-15-14; 99-78, eff. 7-20-15;
13 99-180, eff. 7-29-15; 99-236, eff. 8-3-15; 99-407 (see Section
14 99 of P.A. 99-407 for its effective date); 99-433, eff.
15 8-21-15; 99-480, eff. 9-9-15; revised 10-13-15.)

16 Section 995. No acceleration or delay. Where this Act makes
17 changes in a statute that is represented in this Act by text
18 that is not yet or no longer in effect (for example, a Section
19 represented by multiple versions), the use of that text does
20 not accelerate or delay the taking effect of (i) the changes
21 made by this Act or (ii) provisions derived from any other
22 Public Act.

23 Section 999. Effective date. This Act takes effect upon
24 becoming law."